	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page retained by the haspital ar ottending physician.
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	after
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	Jours
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The le retained by the hospital ar ottending physicion.
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, is should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled within 72 hours offer with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or ather traumatic event, the medical

STATE OF MARYLAND EPARTMENT OF HEALTH AND MENTAL HYGIENE	8	2	4	0	3	5
CERTIFICATE OF DEATH						

l - STATE REGISTRAR			CERTIFICATE OF DEAT	H	EG. NO.		
1. DECEASED NAME FIRST	1ter	Carl	Abele	26. DATE OF DE.	Sept.	5 1981	6:00 M
3. SEX Male	4. RACE	Hite	DATE OF BIRTH		YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
76 BIRTHPLACE I STATE OR FOREIGN COUNTRY) Ohio	V.	SA	MARRIED NEVER MARRI	ED H	arford		MD
Havre de Grac	e Harto	ord Memor	al Hospital		MOST OF WORKING L		Gov!t
MD H	ounty	13c. CITY OR TOWN Aberdee	N YES NO	501 U	ress Jalker -	Street	
14. FATHER'S NAME FIRST Ervin	MIDOLE	Abele	15. MOTHER'S MAIL FIRST Dolli	e Mi	DOLE	UNK	Ţ
	ARMED FORCES? S. GIVE WAR OR DATES} W—II	297-03-94			address 1ker St.		001 en.Md.
18. CAUSE OF DEATH (Entre PART I. DEATH WAS CA	er only one couse pe IUSED BY: DIATE CAUSE (o)	CA · Color	2 will me	ta stasis	to	BETWEEN	MATE INTERVAL ONSET AND DEATH
Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost	(b)	DR AS A CONSEQUENC	Lung d	Liver		3 n	nm ths
PART 2. OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING TO DEA	ATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE OF	CONDITION GI	IVEN IN PART 16	31
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONE	DITION FOR WHICH OF	PERATION WAS PERFORMED	20a AUTOPSY YES NO	IN CERTI	S, WERE FINDIN IFYING CAUSES	GS USED OF DEATH?
OR CONTRIBUTING CAUSE O	F DEATH HOUR A	DF INJURY .M. MONTH DAY .M.	YEAR 19	OCCURRED (ENTER NATURE	OF INJURY IN ITEM 18	PART I OR PART 2)	
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e, PLACE (AT HOME, S'	OF INJURY REET, FACTORY, OFFICE, FARA	A, ETC.) 21f. LOCATION STREET	CIT	Y OR TOWN	COUNTY	STATE
22a.1 certify that (1) (this h sow the deceased aliv above, (1) (we) (did) (di	e on 9 -	5 10 8	2 , 19. , ond that in (my) (our) (ppinion death occurred on	the date and ho		that (I) (we) lost causes stated
22b. SIGNATURE	20x	>	DEGREE ATTENI PHYSK		STAFF HYSICIAN [9 /8	181
B PAR	EKH MI	0-	1131 Be	Poin Ruge	& Belt	an mo	21014.
230. BURIAL, CREMATION, REMO			ME OF CEMETERY OR CREMA	ATORY 23d. LOCATION	7	COUNTY	STATE

Tarring Funeral Home, P.A., Aberdeen, Md. 21001-3 14 1981 Chinas

DHMH-16 30M 2/80 (VRA 15, 4)

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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CERTIFICATE OF DEATH

	REGISTRAR				REG. NO		
	ECEASED NAME FIRST	MIDDLE	A L		20 DATE OF DEATH	9-16-81	26 HOUR
	Channi		Adan				7 PM
3 SE	Male	4 RACE	5. DATE OF BIRT	OAY YEAR	6 AGE (IN YEARS LAST BIRT	MONTHS CAYS	HOURS MIN
		Caucasian	5-	5-1916	40	YRS	
-	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COU	MARRIED 1	NEVER MARRIED	11 . 0	OR COUNTY OF DEATH	
	ermont	U.S.A.	WIDOWED	DIVORCED [ord	MD.
10 C	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		IER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O		OF BUSINESS OR
De	HIL		alescent Ce	inter	Physicis-	+ AP	G
	JAL RESIDENCE (IF NURSING HOME OF STATE 13b COUR		DR TOWN 136 IN	NSIDE CITY LIMITS?	13e STREET ADDRESS		
		rford Aber	rdeen YES		29 Kigo	don Koad	
	FIRST	MIDDLE	ABIT 15 M	OTHER'S MAIDEN NA	WE	LA'	51
	Ezriah	Hda	ms	Blanche	1000	Leac	h
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? IVE WAR OR DATES)	701 219	NFORMANT	Bel	Air, Md. 2100	01
	NO	1088	07-3363 Ref	becca A. Ei	Lsenhour, 201	45 Rushmore	Court,
	18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	inly ane cause per line f	ib), and oco	120	- a tomic	APPROX B VEET	MATE INTERVAL ONSET AND DEATH
		ATE CAUSE (o)	1911 IN	nor as	1 40 CM 1 0 mg	1 0	21004
	1719	DUE TO, OR AS A CON	SEQUENCE OF				
	Conditions, if any, which	(b)			•		
	couse (a), stating the underlying cause last	DUE TO, OR AS A CON	SEQUENCE OF			-	
		(c)					
z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	IG TO DEATH BUT NOT R	ELATED TO THE TERM	NINAL DISEASE OR CONI	DITION GIVEN IN PART 1	01
CERTIFICATION	19g DATE OF OPERATION	104 CONDITION FOR	WHICH OPERATION WAS	PERFORMED	20g AUTOPSY?	20b. IF YES, WERE FIND II	NOC LICED
FIC	198 DATE OF OPERATION	198 CONDITION FOR .	WHICH OFERATION V.A.	5 PERFORMED		IN CERTIFYING CAUSES	OF DEATH?
ERTI	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	1216	HOW IN ILIRY OCCUR	YES NO	YES THE PART 1 OR PART 21	NO 🗆
	OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. MONT	TH DAY YEAR	TOW HAJOK! OCCO	KED (ENIER MATURE OF 11750)	IY IN HEM 18, PART I OR PART 2,	
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	R) P.M. 21e PLACE OF INJURY	19	LOCATION			
ME		(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY OR TOW	WN COUNTY	STATE
	AT WORK	The standard data decreased	12-15	- 52	9	16-81	- British
	22a I certify that Withis hosp	19-14-	19 and that	in (my) (bur) opinian	death accurred on the do	ate and hour and from the	that (I) (we) last
	22b S Carry and Cd no	the bady after death.	DEGRE			22c. DATE	
		1 may	h. 1/	ATTENIDING	MEDICAL STAT	FF A O	10.01
	22d. Philipping year	ON TOWN	1 1 V 124	PHYSICIAN L	DIRECTOR [PHYSIC	IANILI	AVGI
	Dolon P	The Miles	m.D. 1x) make	TY NE	APPAN I	11
222	BURIAL, CREMATION, REMOVAL	L 123b DATE	23c. NAME OF CEMETE	CV CO COSMATORY	236 LOCATION	100011	
230	(SPECIFY)				CITY OR TOWN	COUNTY	STATE
24 F	Cremation FUNERAL DIRECTOR	9/18/81	Cratin & Fe	25a DAT		ster Chester	Pa.
т	arring Funeral	Home P.A. Abe	erdeen Md 21	001-3092	1 1981	ner James	and the same of th
4.	all Trie i mior	110000 3- 0110 31100	I de disjand		*		

BP. DHMH - 16 60M 1/75 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The lo retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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IMPORTANT: If Hem 21 is morked or Item 18 shows ony

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1 400		3 SE		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS M
ge 4	o so		Female.	Cas	3 08 12	69 YE	S.
P - 1	2 ho	, 10. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
deot	Tun S		MARYLAND	USA	WIDOWED DIVORCED	HARFORD COUN	TY
fter he f	with with	10 C	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	AG HOME OR OTHER INSTITUTION ADDRESS)	120 USUAL OCCUPATION	IZE, KIND OF BUSINESS IGLIFE) INDUSTRY
5 5	P E	1	allston	Fulkton Genera	al Hospital	HOUSEWIFE	
hour is	d b	130	STATE. 136 COUN			13e. STREET ADDRESS	
in 24 h	should	MA	RYLAND HAF	REORD JOPPA	YES NOXX		I GHWAY
with letel	omin 7	II4. FA	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	WE	LAST
rted	o axer		FREDERICK	PORTER	LENA		STUMPF
xec.	0 0			MED FORCES? 166. SOCIAL SECU	270	ADDRESS	
e e	o vi		NO	<u> </u>	239 JOHN J. ANDER	RSON, JOPPA, MD	
core	poper novol. ent. th		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly one couse per line for (o), (b), op	odici) 1 Till	11.26	APPROXIMATE INTERVAL BETWEEN ONSET AMPLO A
ertife do o	ever	19		TE CAUSE (o)	ent. 10cm 7	VITIO	7,0000
of the	corb notic		4414	DUE TO, OR AS A CONSEQUE			(21 0
deo	otion		Conditions, if ony, which gove rise to immediate	((b) dever	- 110		1900
the the	crem other		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	ence of doming.	the wom	121
e de				(c) HX 7			010
uire	hen proposed in the proposed i	Z	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
9 6	10 2	E E	19a DATE OF OPERATION	19h CONDITION FOR WHICH	OPERATION WAS PERFORMED	20g AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
o . r. o	S S S S	E C	The DATE OF GREATING	The condition of which	OF ENATION WAS TEN OWNED	IN CE	RTIFYING CAUSES OF DEATH?
sicro	ol-tronsit tol Hygier m 18 shov	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR	YES NO RED (ENTER NATURE OF INJURY IN ITEM	YES NO
Phy	F IS	AL C	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR	TENTER INDICATE OF HISTORY HARE	TWO THE STATE OF
YSIC	Mentol r Hem	EDICA	(IF EITHER NOTIFY MEDICAL EXAMINES	P.M. 21e PLACE OF INJURY	211 MOCATION		
Heno Heno	the bond /	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TOWN	COUNTY STATE
ONIO PO	ofth nork		AT WORK AT WORK	10 0 11 11 11 11 11	9/10	1 6/18	8/
to lo	Hee		sow the deceased alive on	tol) ottended the deceased from_	and that in (my) (our) apinion	death occurred on the date and	hour and from the revue stated
ATT	of for		obove, (I) (we) (did) (did no	t) view the body after death.	DEGREE	A d	121c DAY SIGNED
he he	F Dech		Va a 1	- [[] send	ATTENDING _	MEDICAL STAFF	9/1x/C
SPITAL ed by t	Stot	-	22d. PHYSICIAN'S NAME (TYPE O	DR PRATTI	PHYSICIAN [DIRECTOR PHYSICIAN	1/10/8
Hos	th the			/ARJAK	TT NOTICES	1	
To teto	S 4 3 -	22- 6	UIDIAL CREWATION RE	100 045		Int togation	

FOR - STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

BP. DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR HOWARD K. McCOMAS III, ABINGDON, MD.

230. BURIAL, CREMATION, REMOVAL

BURIAL

CEMETERY JOPPA LUTHERAN BY REGISTRAR # BEGISTRAR'S SIGNATURE

23d. LOCATION

23c NAME OF CEMETERY OR CREMATORY

REG. NO.

\$2,439

STATE

that (It (we) last

126. KIND OF BUSINESS OR

STATE OF MARYLAND

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	-	U	10	0

FOR STATE REGISTRAR	DE		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	0.		
. DECEASED NAME FIRST	WIDDLE	ı	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
(TYPE OR PRINT) GRACE	F.	ATKINS		SEF	. 17	81	4:40 A
3. SEX	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UN	DER I YEAR	IF UNDER 24 HRS
FEMALE	WHITE	JUL		88	YRS.	HS DAYS	HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8.	D NEVER MARRIED	9. BALTIMORE CITY O		DEATH	
WEST VA.	U.S. A.	WIDOWE		Harford (-aunTu	1	MD.
O. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OR OTHER INSTITUTION	12a USUAL OCCUPATI		2b. KIND OI VDUSTRY	F BUSINESS OR
Havre de Grace	Citizens Nu		ne	0- 11	NE III	4DOSTKI	
USUAL RESIDENCE (IF NURSING HOW 130. STATE	OR OTHER INSTITUTION, GIVE RESIDENCY UNITY 136. CITY O TIMERE BALT		13d. INSIDE CITY LIMITS? YES NO NO	130 STREET ADDRESS	LING	AVE.	
A FATHER'S NAME FIRST 60 WAS DECEASED EVER IN U.S.	J. SKA	ST C ()S L SECURITY NO.	SUSAN	ME MIDDLE	ESS	MAN	
	GIVE WAR OR DATES)	75560	Family	RECORDS			
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	ONLY ON A S A CON	SEQUENCE OF	Lymphs	afrive		Vemi	MATE INTERVAL JOSET AND DEATH
7	195 CONDIVON FOR V			200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING	RE FINDIN	IGS USED
	DEATH HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCURI		-	OR PART 2)	NO []
OR CONTRIBUTING CAUSE OF I	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE FARM, ETC.)	214 LOCATION STREET	CITY OR TO	wn (COUNTY	STATE
22a. I certify that (I) (this ha	spital) attended the deceased	=19 , or	nd that in (my) (aur) opinion DEGREE ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC	FF	from the	that (I) (we) last couses stated
230. BURIAL, CREMATION, REMOV	AL 23b. DAT	73L NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	co	UNTY	72 mile, A
BURIAL	9-19-1981	GARDI	OS OF FAITH	BALTIMOR	16		nagy and
24 FUNERAL DIRECTOR	AD	DRESS \		E REC'D. BY REGISTRAR		1/2	I father.
EVANS FUNIRA	LCHAPIL 84	OOHARF	ORO RD-	SEP 25 1981	6 pares	0	

BP.

ATTENDING PHYSICIAN: The

TO HOSPITAL

retained by the haspitol ar attending physician

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral ashauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 his with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

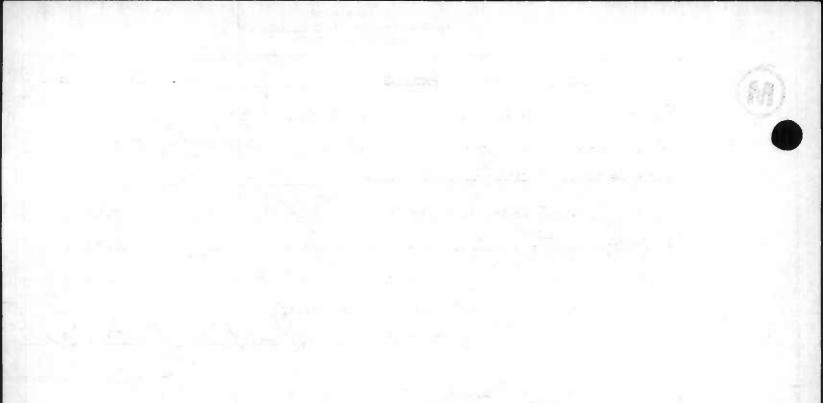
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injury, ar ather troumatic event, th

IMPORTANT: If Item 21 is marked or Item 18 shaw

24 FUNERAL DIRECTOR

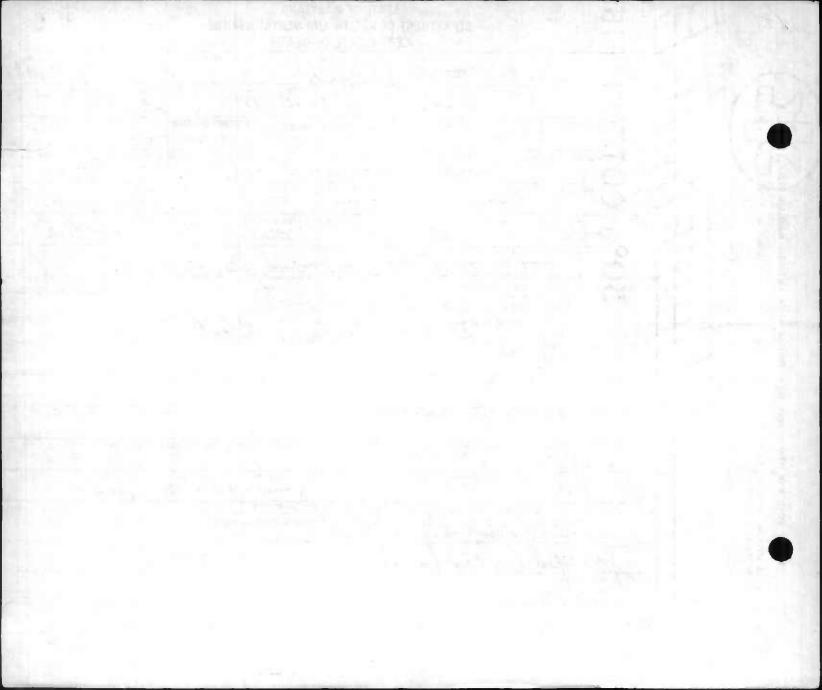


25a. REC'D BY REGISTRAR

DHMH - 16 3/72 25M (VR A15 (4))

24. FUNERAL DIRECTOR

Howard K. McComas III, Abingdon, Md.



Ma	1.	FOR STATE REGISTRAR		DEPARTMENT OF HI	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	GIENE 8	2 4 0	40
		CEASED NAME FIRST CORPRINT) Gilbert	MIDDLE	R	anks	2a. DATE OF DEATH MG	NTH DAY YEAR	26. HOUR
4 moy	3. SE	X	4. RACE Black	5. DATE O		6. AGE AN YEARS LAST BIRTHE	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
deoth. Page	7a. 8	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	MARRIED	□ NEVER MARRIED □	9. BALTIMORE CITY OR	OUNTY OF DEATH	
offer of the ed with		TY OR TOWN OF DEATH	11. NAME OF HOSPITA {IF NOT IN SUCH FACILITY, HARFORA			120 USUAL OCCUPATION (SYPE OF WORK FOR MOST OF W	12b. KIND OI	MD. F BUSINESS OR
24 hours 24 hours illed in bould be fi		AL RESIDENCE (IF NURSING HOME OF STATE NA COUNT	OTHER INSTITUTION GIVE RESID		13d. INSIDE CITY LIMITS? YES NO 🔀	13. STREET ADDRESS 36	Port Depor	sit, Md.
ompletely f	14. F.	THER'S NAME	MIDDLE	unks.	15. MOTHER'S MAIDEN N. Surah	AME	LAST	
iote be executivities by sicion and compers. Pages 1 vol.		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES	-05-4360	17 INFORMANT Katherine A.	Jaylon, Pon		Nd.
RDS, 201 W. PRESTON ST., equires that the death certific in signed by the attending ph. Then please remove carbon or to buriol, cremotion, or remoinjury, or other traumatic even	NOI	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A C	Condus onsequence of CVM I had	Carcina NOT RELATED TO THE TERN	Anest Homis me of lar MINAL DISEASE OR CONDIT MISTING HA	Cone ON GIVEN IN BART 140	n beign
IVSICIAN: The ding physicion is certificate h. buriol-transit p. Mentol Hygien or them 18 show	MEDICAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	21h. TIME OF INJUR	R WHICH OPERATION	THE HOW BUJURY OCCUPANTS	YES NO		GS USED OF DEATH? NO STATE
OR ATTENDI he hospitol on DIRECTOR: A soched for use Dept. of Heal	~	WHILE AT WORK DAT WOR	ital) attended the deceas	ed from 9	that in (my) (our) opinion	deoth occurred on the dote	-	
TO HOSPITAL O retoined by the TO FUNERAL DI should be detail with the Stote DO IMPORTANT: If H		22d. PHYSICIAN'S NAME (TYPE C	TE MON	AKIL	22e. ADDRESS	S. Un in	ve. Have	le de Grac
ВР	Bu	BURIAL, CRENTION, REMOVAL	Sept. 24,	1001 01	METERY OR CREMATORY	PORT DEPOR	it, Lecids	STATE
DHMH-16 30M 2/80 (VRA 15, 4)	0	ee A. Patterson	n & Son. Per	rivillo 1	14	2 1961 6 %	Q ₁	

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	(原用)		ETHA	_LRC	ene	DERG	quist			9
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	1		Female	Whi	te	момтн		7	70	
	B 10 8		IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHA	AT COUNTRY?	8.	NEVER ALABRIE	9 BAI	TIMORE CITY	OR C
	# 25 50	1	COUNTRY) V.C.	U.S.	A.	MARRIED WIDOWED	DIVORCEI		Har	f.
	9 34 4	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOS		HOME OR OT		N 120 U		ION
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21	Ph Ma		AL RESIDENCE (IF NURSING HOME OF STATE 13b, COM		CITY OR TOWN		INSIDE CITY LIM	ITS? 13e. S1	TREET ADDRESS	
AND	ly filled should be most		Pa. Mo	rK -	DelTo	· YE	S NO	3	R.D.3	3
KYL	within letely d 2 sh	14. E	ATHER'S NAME	MIDDIE	LAST .	15. /	MOTHER'S MAID	ENNAME	WIDOLE	
WA			Lennu	V. Ca	mpbe	//	Res	sie	Model	
R.	executed company of the company of t		WAS DECEASED EVER IN U.S. AR		SOCIAL SECUR	RITY NO. 17.	INFORMANT		RADO	E937
BALTIMORE, MARYLAND	be execut	-	YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	14-14-2	838 E	lizabett	Bis	hop, G	e
BAI	certificate ing physici rbonpaper r removol.		18 CAUSE OF DEATH Enter or PART I, DEATH WAS CAUSE	nly one cause per line D BY:	for (a), (b), and	all do	00:	0-20	Tion	
ST.	ng pl bong r rem		IMMEDIA	TE CAUSE (o)	my 10 (0	uzuc	ace in	yanu	Marc	-
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	y,	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTI	RIBUTING TO DE	EATH BUT NOT	RELATED TO THE	TERMINALD	ISEASE OR CON	DITIO
DIVISION OF VITAL RECORDS,	y in	CERTIFICATION	opera	and 3	edar	Whis	stero	WC	Collan	77
SEC.	nos bermine primi	I V	190. DATE OF OPERATION	196. CONDITION	N FOR WHICH C	OPERATION W.	AS PERFORMED	200	AUTOPSY?	20 IN
AL	The rician.	E E	- D.					YES	S NO	
2	Nysing Nysing Hy		210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE.	216. TIME OF IN	MONTH DAY		HOW INJURY O	CCURRED (E	NTER NATURE OF INJU	JRY IN
0		MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE			19				
0	A W	Ü	21d. INJURY OCCURRED	21e PLACE OF II	NJURY FACTORY, OFFICE, FAI		LOCATION		CITY OR TO	NWC
NSI N	k of the	>	AT WORK NOT WHILE AT WORK	TAT NOME STREET, P	ACTORY, OFFICE, FAI	MM, ETC.)				
0	or or se of mor		220.1 certify that (I) (this hasp	ital) attended the de	ceosed from	01-6	, 19_	, to	9-1	0
	R ATTEN hospitol RECTOR ned for up ppt. of He rem 21 is		sow the deceased alive or above, (1) (we) (did) (did)		19 \$, ond the	ot in (my) (pinion death o	occurred on the d	late o
	OR AT e hosp ched f ched f Ched f them?		22b. SIGNATURE	HI VIEW THE GOODY OTTE	r geom.	A DEGI	REE			_
	0 5 0 9 0 ×		M. Val	hana	Dell	1000	M ATTEND PHYSIC		CTOR PHYSIC	
	E d E e c		22d. PHYSICIAN'S NAME IT HE	DE PERVITS	Janes	226	ADDRESS	IAIN DIKE	CTOK THIS	CIAIS
	etoined by the should be detoined by the should be detoined the store with the Store IMPORTANT:				Q.					
	My Should be sho	22.	PURIAL CREMATION PERSONA	23b. DATE	22. AL	AME OF CEASE	TERY OR CREMA	100V 1224	LOCATION	
		230	BURIAL, CREMATION, REMOVAL	G 111 e	21 0	AME OF CEME	A	ICA Z30	CITY OR TOWN	
	BP	1	Durial	17-14-2	1 /50	1 HIP!	TEMORIA	/ JOHN	. Del H	15

REG. NO.

IF UNDER I YEAR

26. HOUR

OUNTY OF DEATH

126 KIND OF BUSINESS OR RKING LIFE) INDUSTRY RasTauro

use per line for (a), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
101 Myso Cardial Warlion	
ETO, OR AS A CONSEQUENCE OF DELLE OF	
ETO, OR AS A CONSEQUENCE OF	
(c)	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

ON GIVEN IN PART 10 . IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?

> YES [ITEM 18 PART 1 OR PART 21

COUNTY

that (I) (we) lost nd hour and from the causes stated

22c. DATE SIGNED

STATE

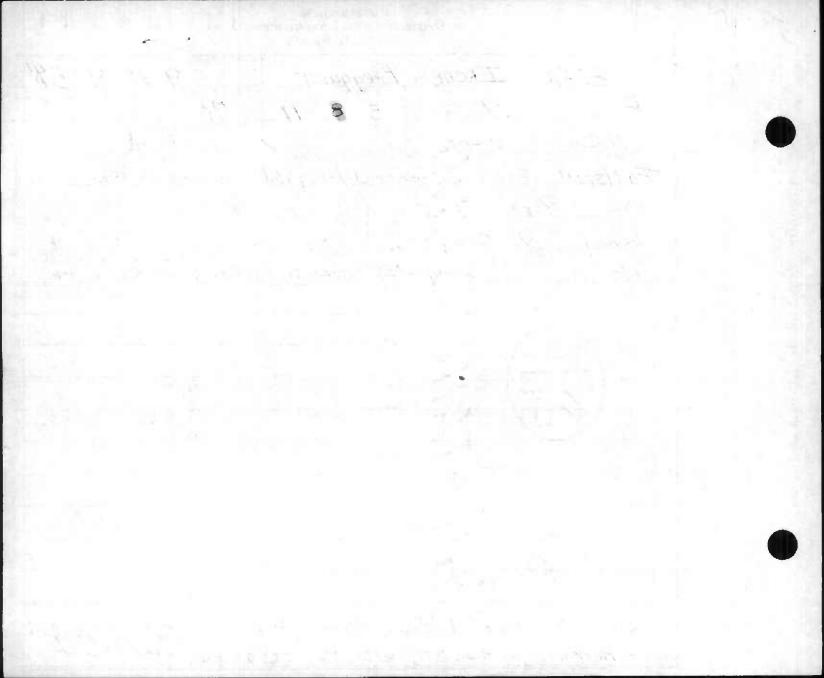
15 FUNERAL DIRECTOR

John H. Harkins, 600 Main ST. Delta, Par SEP 14 1981 John H. Harkins, 600 Main St., Delta, Par.

DHMH-16 30M 2/80 (VRA 15, 4)

- STATE

REGISTRAR



DHMH - 16 50M 1/B1 (VRA 15, 4)

CERTIFICATION

MEDICAL

FOR

STATE OF MARYLAND		13
DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IEN	i)
LAST	2n	DAT

REGISTRAR		CERTIFICATE OF DEATH			
1. DECEASED NAME FIRST (TYPE OR PRINT) Michae	MIDDLE J	Bognanni	20. DATE OF DEATH MONTH	3 81	3:40 PA
3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
Male	White	MONTH DAY YEAR	81 YRS	MONTHS DAYS	HOURS MIN.
76. BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	TY OF DEATH	
Italy	USA	WIDOWED DIVORCED	Harford		M

O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Hospital REtired Barber BUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 131 COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Marylance Baltimore Sheldon Ave YES A NO F 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Anthony MIDDLE LAST Catherine Bognanni Mary

160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17. INFORMANT 219-05-6331 Mrs. Frances Bognanni same no

PART I. DEATH WAS CAUSED	y one couse per line for (a), (b) and (c) BY: E CAUSE (a)	ac ane	nt	BETWEEN ONSET AN
4100 Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF	assive	MI	
gove rise to immediate couse (0), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	Andro	genichoel	

neumana

190. DATE OF OPERATION	196 CONDITION FOR WHICH O	PERATION WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
			YES NO	YES NO
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY	YEAR 216 HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	RY IN ITEM TS PART I OR PART 2)

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION AT HOME STREET FACTORY, OFFICE FARM ETC.) CITY OF TOWN COUNTY STATE MHILE NOT WHILE

22a. | certify that (I) (this haspital) at sow the deceased alive an above, (I) (we) (did) (did not) view the body after death. and that in (my) (our) apinion death occurred on the date and hour

226 SIGNATURE DEGREE 22¢ DATE SIGNED MEDICAL ATTENDING STAFF PHYSICIAN

DIRECTOR | PHYSICIAN 22d. PHYSICIAN'SINAME

		1 110	1007
230. BURIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION
Burial	Sent. 8. 1981	Most Holy Redeemer	Baltimoro

24 FUNERAL DIRECTOR Leonard J. Ruck Inc. Baltimore, Maryland SEP 4 1981 PEGISTRARIZS REGISTING

COUNTY



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death Page, retained by the haspital or ottending physicion.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and campletely filled in by the funeral digital by detached for use as the burial-transit permit. Then please remove corbangpers. Pages I and 2 should be filled within 72 how with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

MPORTANT: If them 2 I is marked or Item 18 shaws any injury, or other traumatic event, the medical examinar mass be natified at once.

STATE OF MARYLAND

					- 9
DEPARTMENT	OF HE	ALTH	AND	MENTAL	HYGIENE
CEI	RTIF	CATE	OF	DEATH	

2	4	U	4	3

	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	2 4 0 4 3
Ì	1. DECEASED NAME FIRST	MIDDLE	LAST		INTH DAY YEAR 2b. HOUR
1	Margaret Margaret	Kalengher	Bactic	9	11 86 2:30 AM
ł	3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHD	
1	E	(1)	MONTH DAY YEAR	94	MONTHS DAYS HOURS MIN.
1	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR	OUNTY OF DEATH
	Pennsy Luonia	LICA	MARRIED NEVER MARRIED WIDOWED DIVORCED	41000	l w of
1	10. CITY OR TOWN OF DEATH		IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
1	Bel Air	Bel Air Co	nv. Center	Homemaker	ORKING (IFE) INDUSTRY
1	130. STATE 13b. COUR	arford Abende	N 13d INSIDE CITY LIMITS?	315 Car	ter Street
I	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NAM	ME	
	John	Kaleng	ther Mary	WIDDLE	mcLaugh lin
1	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	~
I	No	112-033-	072-870 Margretts	a Benson Aber	rdeen, Maryland 21001
1	18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly one couse per line for (a), (b), and	to a to	VMarker 10	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
۱		TE CAUSE (0) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	fream and	N M. M. C.M.	
ı	4360	DUE TO, OR AS A CONSEQUE	NEE OF TOUR	o crieting	
1	Conditions, if any, which gave rise to immediate	(b) OA()	101 many	s yeurs	
	couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	NCE ON TENED !	dersos	
	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PART 110
- 0	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20	Db. IF YES, WERE FINDINGS USED
				YES NO	VERTIFYING CAUSES OF DEATH?
		216 TIME OF INJURY HOUR A.M. MONTH DA	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	LITEM 18 PART I OR PART 2)
I	(IF EITHER, NOTIFY MEDICAL EXAMINER	.,,,,	19		
1	OR CONTRIBUTING CAUSE OF DEA	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ł	MHILE NOT WHILE AT WORK		1 10 28	C. A	01
l		tel) offended the deceosed from	many 1 10 10	- of the	, 19 , that (li Twe) lost
1		t view the body after death.		death accurred on the date	and hour and from the causes stated
	22b. SIGNATURE	dleyer	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR DHYSICIAN	22c. DATE SIGNED
	BON O	TEXIZA, M	D. 1/3/ Baltin	ne Pite A	alfystadross
	230 BURIAL, CREMATION, REMOVAL Removal Burial	12 Sept 81 73c N	nompson Cemetery	Cherry Tre	State County Penna Indiana
1	24 FUNERAL DIRECTOR		· 21001 -3399 [2] C.F.	REL'DABY COSTRAPIA	be else hypothetical transfer
1	Tarring Funeral Ho	Aberdeer	n, Maryland	_ 0 ,001	341

DHMH - 16 50M 1/B1 (VRA 15, 4)

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	1 -	FOR STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL H FICATE OF DEATH	REG. N	2 4	0	4 4
a)	(TYPE	CEASED NAME FIRST OR PRINT)	A RACE	conaBroc	A HACT OF BIRTH	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR 4 AM IF UNDER 24 HRS
-/	3 SE)	Female	Whit	e 0800	TH DAY YEAR	90	YRS.		HOURS MIN.
35		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT	COUNTRY? 8 MARR: WIDOW	ED NEVER MARRIED		DR COUNTY OF	FDEATH	MD.
Sofiffied	IO CI	ALLSTON	11. NAME OF HOSP LIE NOT IN SUCH FACIL	ITAL, NURSING HOME LITY, GIVE STREET ADD (\$65)	OR OTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST)		INDUSTRY	sing
		NERESIDENCE (IF NURSING HOME OF TATE 13b. COUL			YES NO	13. 31RE3 200RES	Jarre	ttsv	ille Ro
1.20		Committee of the commit		laylor	15. MOTHER'S MAIDEN P	Virgi		Jar	rett
e medicol			MED FORCES? 166 S	13-73-7411	17. INFORMANT	RRISON 86	15 DRI	NWO	Unkl BU
rial, cremotion, or remova or other troumotic event, t		PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	DUE TO, OR AS	A CONSEQUENCE OF	stive to	Hailu	-2		
njury,	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTR	IBUTING TO DEATH BU	NOT RELATED TO THE TE	rminal disease or con	IDITION GIVEN	IN PART 1(o	
ows ony	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION	FOR WHICH OPERATION	ON WAS PERFORMED	20€ AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [NG CAUSES	GS USED OF DEATH? NO
of Heolih and Mental Hygie 21 is morked or Hem 18 sho	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DE (IF ETHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED NOTIFY MEDICAL EXAMINE AT WORK NOTIFY MEDICAL EXAMINE AT WORK NOTIFY MEDICAL EXAMINE NOTIFY MED	HOUR A.M. P.M. 21e. PLACE OF IN (AT HOME, STREET, FA	MONTH DAY YEAR 19 JURY COORY, OFFICE, FARM, ETC.) eosed from	21t. HOW INJURY OCCI 21l LOCATION STREET, 19	CIW OR IC	own	COUNTY	STATE hot (I) (see) last
with the Stote Dept.		22d. SHYSICIAN'S NAME (TYPE OF	1 bev.	xhows (DEGREE ATTENDING PHYSICIAN 220. ADDRESS		CIAN	1 9/2 0, 80	rma M
3 3	22a D	LIPIAL CREM ATION REMOVAL	Task DATE	122 NAME OF	CEMETERY OF CREWAYOR	V INLICCATION		7	

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

24. FUNERAL DIRECTOR Gladden Kurtz

230. BURIAL, CREMATION, REMOVAL

Burial

236. DATE

Jarrettsville.

981

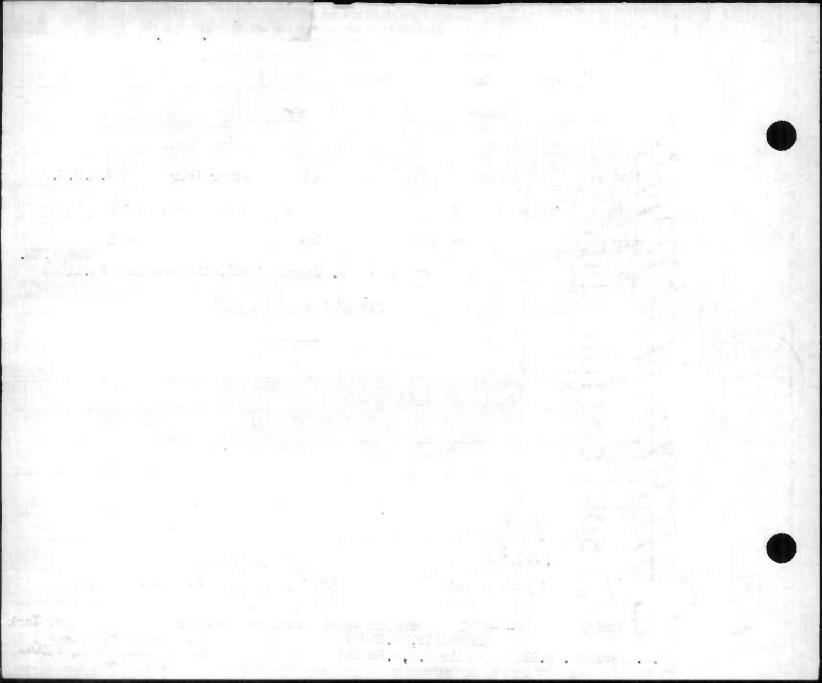
23c NAME OF CEMETERY OR CREMATORY

Jarrettsville

Jarrettsville, Harford, Md.

CONTRACTOR OF THE PROPERTY OF THE PARTY OF T thereof the late of the contract of the late of the contract o A silver of the state of the st The same of the same of the same of the same

64	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO	24045
100		CEASED NAME FIRST	WIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
		Juditt	Kay	Bucci		9 3 81 3:17
	3. SE		4. RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HOURS MONTHS DAYS HOURS IN
		F	White	A 10 55	26	YRS.
69		RTHPLACE (STATE OR FOREIGN COUNTRY) YORK	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY O	OR COUNTY OF DEATH
12		Tallston	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY GIVE STREET Fall Ston Gerre		12a. USUAL OCCUPATE (TYPE OF WORK FOR MOST O SUPERVISO)	OF WORKING LIFE) INDUSTRY
annst pe	13a .			N 13d INSIDE CITY LIMITS? YES NO 🔀	130 STREET ADDRESS	field Rd.
21	14. F/	John	Redmond.	15. MOTHER'S MAIDEN NA Betty	MIDDLE	Paul
medical		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 16b. SOCIAL SECU VE WAR OR DATES) 130-44		Bucci,812 Cl	Joppa, M hatfield Rd. 21085
oumotic		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	ENCE OF		
jury, ar other tra	NO	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE	DEATH BUT NOT RELATED TO THE TERM	ainal disease or coni	DITION GIVEN IN PART 1(a)
ows ony injury, ar other tra	IIFICATION	gave rise to immediate cause (a), stating the underlying cause last.	compitions contributing to p		200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
Item 18 shows any injury, ar ather tra	ICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	COMPITIONS CONTRIBUTING TO E 19b. CONDITION FOR WHICH 2 1b. TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFORMED 210. HOW INJURY OCCUR	200 AUTOPSY?	20% IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
Shows 7	MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CAUSE OF DE	COMPITIONS CONTRIBUTING TO E	OPERATION WAS PERFORMED 21c. HOW INJURY OCCUR 19 211. LOCATION	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO RY IN ITEM 18. PART 1 OR PART 2)
Shows 7		gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE AT WORK NOT WHILE STATEMENT OF DESCRIPTION OF CONTRIBUTION OF COURTED CAUSE OF DESCRIPTION OF COURTED CAUSE OF	COMPITIONS CONTRIBUTING TO CONTRIBUTIONS CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTION FOR WHICH 21b. TIME OF INJURY ATH HOUR A.M. MONTH DATE P.M. 21e. PLACE OF INJURY	OPERATION WAS PERFORMED AY YEAR 19 211. LOCATION STREET	208 AUTOPSY? YES NO CITY OF TO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO PRINTED IN THE NO. PART 1 OR PART 2) WIN COUNTY STATE 2 , 19 , that (II (we)
Shows 7		gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CIFETHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (1) (this hasp saw the deceased alive a paove, (1) (we) (did) (did y)	COMPITIONS CONTRIBUTING TO COLUMN 196. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	OPERATION WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION ARM. ETC.) 21l. LOCATION STREET DEGREE ATTENDING	206 AUTOPSY? YES NO CITY OR TO CITY OR TO death accurred on the do	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO RY IN ITEM 18 PART 1 OR PART 2) WN COUNTY STATE The county of the courses stated and hour and from the causes stated are county.

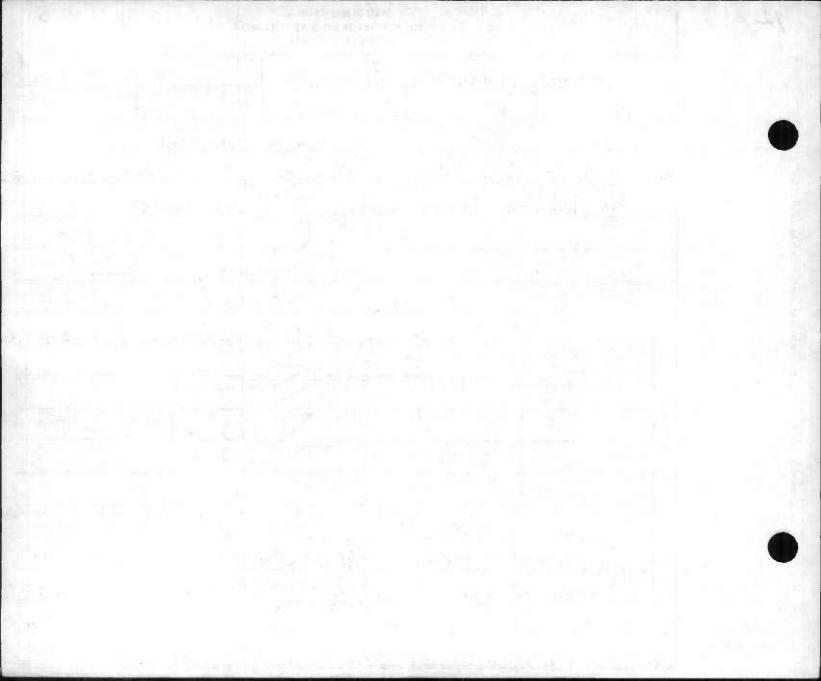


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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be refaired by the hospital or attending obvision.	
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DIVISION OF VITAL RECORDS, 201 W. FRESTON ST., BALLIMORE, MARILLAND 21200	edni	
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	L Z	1
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The participal by the hospital or attending obvicion	
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DHMH- 16 30M 2/80 (VRA 15, 4)

	FOR STATE REGISTRAR		STATE OF MARYLAND IMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	4046
	DECEASED NAME FIRST TYPE OR PRINT) THOMAS	WARREN	BUTLER	20. DATE OF DEATH MONTH	13-81 7:10 N
	SEX M	4. RACE	S. DATE OF BIRTH JUNE 14 1932	6. AGE (IN YEARS LAST BIRTHDAY) 49 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
70	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	P. BALTIMORE CITY OR COUNT	Y OF DEATH
10 H	AURE DE GRACE	PINOT IN SUCH FACILITY, ON STREET	ING HOME OR OTHER INSTITUTION ET ADDRESS) ACKIAL HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
\$5 E	30. STATE / / 136/101			13e STREET ADDRESS 519 OLIRAR	۵
201	PODNEN	PA BUTL	ER AONES	LIMEOUS 15	ENNETT
medical 19	(YEL NO ONLINKNOWN) (IF YEL O	MMED FORCES? THE SOCIAL SEC	-2905 MRS MARY &	AMPION-ROLL	x145-40
injury, ar other		DUE TO, OR AS A CONSEQUENCE OF THE CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART 1(o)
ws ony	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	_ IN CERT	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATHS
_	OR CONTRIBUTING COLUMN	HOUR A.M. MONTH	PAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
rked or It	(IF EITHER, NOTIFY MEDITAL EXAMINATION OF COURSED WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	EARM-ETC) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is mo	sow the deceased alive	pital) attended the deceased from 3 19 and 19 in the body of the death.	OLI /	to 9/13 n death occurred on the date and ha	that (1) (we) los
IT. If hem	77h. SIGNADINE	ed Choom	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 9/13/8/
IMPORTANT: #	FDWARD	C. LOO, A	M.D. Havre a	le Grace,	and 21078
[BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	9-16-81 A	NAME OF CEMETERY OR CREMATORY AIN GELHILL CEN	1, HAVREDE GRAVE	E HARFORD M
0	MITCHELLE,	H. P. A. HALLADORESS	de GRAGEMA		STRAR'S STONATURE / STUM



within 24 hours after

executed

certificate be

OR ATTENDING PHYSICIAN: The law requires that the death

retained by the haspital or attending physician

TO HOSPITAL

BP

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	4,	CERTIF	ICAIE OF DEATH	REG. NO.		
	CEASED NAME FIRST	WIDDLE	34.	AST	20 DATE OF DEATH MONTH	DAY YEAR	2h HOUR
1	Franci	s D.	Car	ter	9	27 81	10:02
3. SEX	^x Male	4 RACE White	5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	ITPY2 8	D NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH	
	Maryland	USA	WIDOWE	D DIVORCED [TT-mco Class	•	M
	Rel Air	11. NAME OF HOSPITAL, NU	STREET ADDRESS)	or other institution at Center. I	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING		arter &
ÜSÜ		OR OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)	it center, 1		Wilni	finelia Ir
	Maryland Ba	ltimore King	sville	13d Inside City Limits? YES NO X	11823 Stoney	Batter	Rd.
14 FA	ATHER'S NAME FIRST Leonard	MIDDLE LAS'		Goldie	NAME	Mass	ST
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	11823°5ton		m Dd
1		W. 11 217-1	6-3798	Louise Ca	rter, Kingsville	. Md. 2	1087
	PART 1. DEATH WAS CAUS	only one couse per line for (a), (b) SED BY ATE CAUSE (b)	oi, and ic	Selwhy	Au Low		ONSET AND DEATH
N	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last PART 2 OTHER SIGNIFICANT	(b) DUE TO, OR AS A CONS		NOT RELATED TO THE TE	Prio Sz Jeros J	GIVEN IN PART 1	0
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	n was performed		YES, WERE FINDI RTIFYING CAUSES YES [
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM	18 PART : OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	218. PLACE OF INJURY (AT HOME STREET, FACTORY, OI		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
F	220. I certify that (1) (his hospital) attended the deceased from 19 0 to 5 to						that II (we) lo couses stated
	22b. SIGNATURE	in Tran	m-V	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	9.	27-8
	22d. PHYSICIAN'S NAME (TYPE	ORPRINT)	no.	22e ADDRESS	ck Kings.1	le Ma	1. 2108
23a B	BURIAL, CREMATION, REMOVA (SPECIFY) Burial		23c. NAME OF C	EMETERY OR CREMATOR Meth. Ch.	CITY OF TOWN	altimore	Md.
24 FU	UNERAL DIRECTOR B	ox/117 Kingavi	(-2-1	4	EP3 0 1981 Zane		TURE

DHMH - 16 50M 1/B) (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fune should be detached for use as the buriol-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filed within with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may	
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The	oy me
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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IMPORTANT: If them 21 is marked ar Item 18 shaws any

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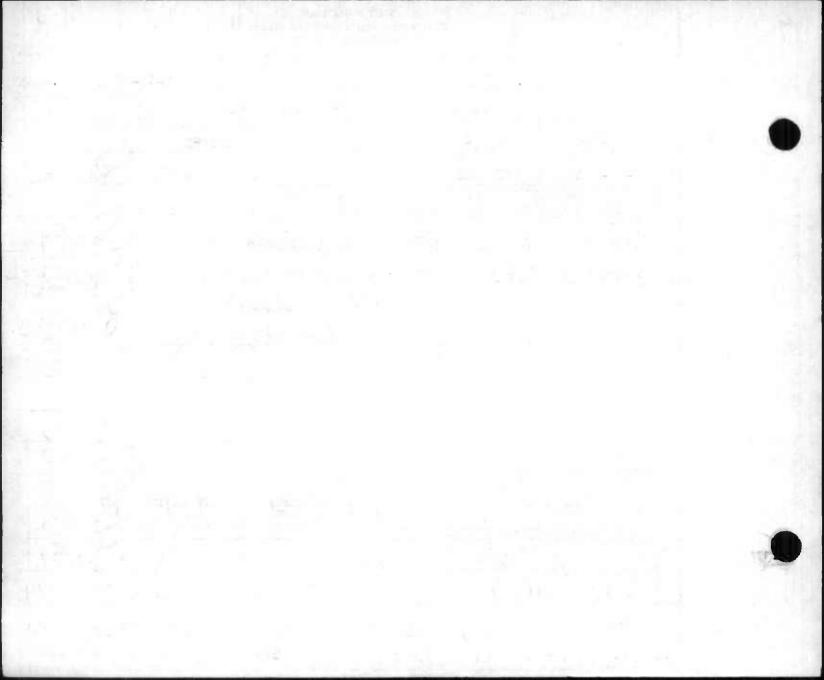
STATE OF MARYLAND

4 0 4 8

1.	STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
()176	CHARLES	H. CLIFTON		9-1	5-81 7.40Am
3. SE		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	MALE	NHITE	APR. 25 1895	86 YR	MONTHS DAYS HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8.	9 BALTIMORE CITY OR COUN	
	COUNTRY) PA	4.5. 4.	MARRIED NEVER MARRIED WIDOWED DIVORCED	HARFORD	MD.
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR
HA	VRE-de-GRACE	CITIZENS NURS	SING HOME	CONTRACTOR	GLIFE) INDUSTRY
13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136, COUI HAM)	NTY 13c CITY OR TO		130, STREET ADDRESS 656 OTS E	G0.5T
	PABERT	ADDLE CLIF	TON GEORGIN	MIDDLE &	7 MNEDMAN
		RMED FORCES? 166 SOCIAL SEC	CURITY NO. 17. INFORMANT	ADDRESS 8/	3 N.HARDISON, S
{	YES, NO OR UNKNOWN) (IF YES, GI	We HI 221-0	7.6082 M. ROBER	TG. CLIFTON M	LILVINGTON DEL
	PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), o ED BY: TE CAUSE (o)	ch (ch) CA · M	adder	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	1889	DUE TO, OR AS A CONSEQU	UENCE OF ASCV	N	6 months.
	Conditions, if any, which gave rise to immediate cause (a), stating the	DUE TO OR AS A CONSEQU	/		
	underlying couse lost.	DUE TO, OR AS A CONSEON	DENCE OF		C. 100 M
NO	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION (SIVEN IN PART 1(0)
MEDICAL CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
ERT	210 ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	71, HOW IN HIP COCCUP	YES NO RED (ENTER NATURE OF INJURY IN ITEM	YES NO
AL C	OR CONTRIBUTING CAUSE OF DE.	ATH HOUR A.M. MONTH	DAY YEAR	KED (ENTER NATURE OF INJURY IN TIEM	8 PART TOR PART 2)
EDIC	21d INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION	CITY OR TOWN	COUNTY STATE
X	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC)	CITORIONA	STATE
	22a.1 certify that (1) (this hasp	ital) attended the deceased from	4-6 19 8		, 19 , that (I) (we) last
	saw the deceased alive on above. (1) (we) (did) (did no	at) view the body ofter death.	, and that in (my) (our) opinion	death accurred on the date and h	nour and from the causes stated
	226. SIGNATURE	411/	DEGREE		22c. DATE SIGNED
	14	200	MD. ATTENDING PHYSICIAN	MEDICAL STAFF	9-15-81
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT C	22e ADDRESS	1	
	B. PAKEK	H M).	1131 Bel A	MR Road Be	1ANR MD 21014
23o. B	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d LOCATION	/ KOUNTY STATE
04 -	BURIAL	SEPT. 18, 81 1	JAKER'S CEMI	ABENDEEN,	MARFORD, IND
The File	Webell F. H. F.	A HAY PEDI	EGOACE MN S	EP 2 1 1301	ISTRAR'S SIGN

DHMH-16 30M 2/80 (VRA 15, 4)

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MPORTANT: If Hem 21 is

CERTIFICATION

MEDICAL

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should be detached with the State Dept.

FOR

IYES, NO OR UNKNOWN

NO

(IF YES, GIVE WAR OR DATES)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

LAST

MD.

STATE

- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
PECEASED NAME Ved	ia Evelyn	Cochran	20. DATE OF DEATH MONTH		7 An
SEX _	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)		IF UNDER 24 HRS
Female	White	SEPT. 28, 1928	52 YRS.	MONTHS DAYS	HOURS MIN

IN BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8. 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED 12b. KIND OF BUSINESS OR CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY

SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) DECOREN 13d INSIDE CITY LIMITS? 20 YES X NO 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME

FIRST SSIE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT

363325 ARVIS M. COCHRAN SAME

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	
2////0	
Conditions, It only, which (b) Ky Al 7 Cluration of Amount the football	
gove rise to immediate	
couse (a), stating the DUETO, ORAS A CONSEQUENCE OF underlying couse last.	

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101

1		
9a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO

210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STREET AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

22a.1 certify that (1) (this haspital) attended the deceased from and that in (my) (our) apinion death accurred on the date and hour and from the causes stated

sow the deceased alive on 22c. DATE SIGNED DEGREE ATTENDING MEDICAL STAFF

PHYSICIAN

DIRECTOR

PHYSICIAN

22e. ADDRESS 0101.

M.S. SHAR	TAT ELWE	HNE HO PO DOX 93	5 Eaglwood	27/10/21	40
23a. BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION	- COLLIEN	

24. FUNERAL DIRECTOR

NOT WHILE AT WORK

GRAND VIEWNEMIGARDENS

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DIRECTOR:

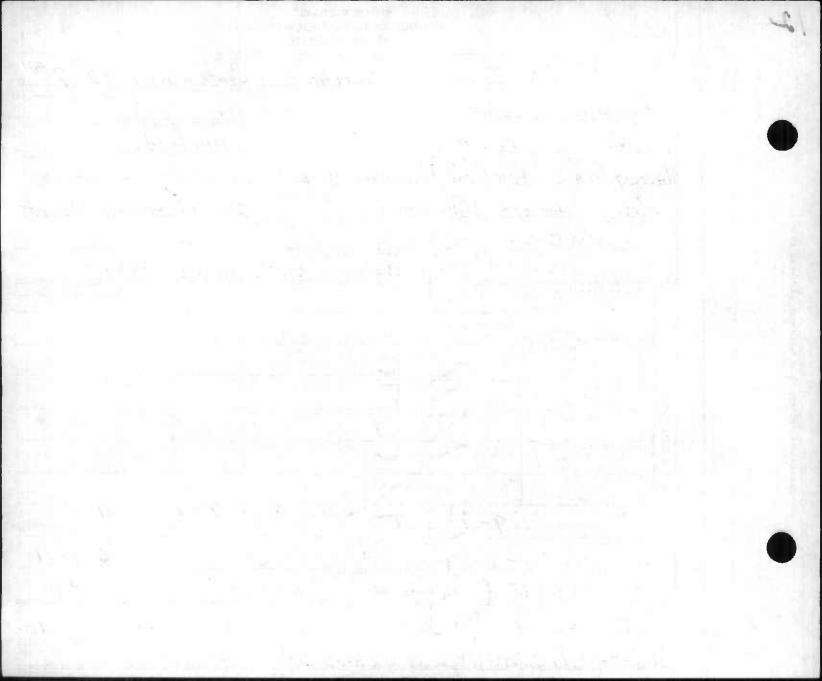
TO FUNERAL

attending physicia as the burial-transit certificate

OR ATTENDING PHYSICIAN: The retained by the haspital HOSPITAL 0

BP.

DHMH-16 30M 2/80 (VRA 15, 4)





signed by the attending physician and campletely filled in by the funeral directar, page 3 hen please remove carbonpopers. Pages 1 and 2 should be filed within 72 hours after death

IMPORTANT: If hem 21 is marked or hem 18 shows any injury, ar other traumatic event, the TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached for use as the buriol-transit permit. Then please remove carbon popel with the State Dept. of Heolth and Mental Hygiene prior ta buriol, crematian, or removal.

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

24 FUNERAL DIRECTOR

23b. DATE

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within 24 hours ofter

(M)	FOR STATE
	REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BYCIENE

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V	STATE REGISTRAR	DEFAR	CERTIFIC	ATE OF DEATH	REG. NO).	0	2 1	
	CEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR	
(in	Mildre	A M.	EI	MANO	Seatemb	cc 21	1921	5:25	-PM
3. SE		4 RACE	5. DATE OF		6. AGE (IN YEARS LAST BIR		INDER 1 YEAR	IF UNDER 24 I	
F	emale.	White	MONTH 3	4 1904	77	YRS	THS DAYS	HOURS A	MIN.
70. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	(? 8		9 BALTIMORE CITY O		DEATH		
Ma	country) iryland	USA	MARRIED WIDOWED	DIVORCED	Harfo	rd			MD.
Ha	vrede Grace	11. NAME OF HOSPITAL, NURS (IF, NOT IN SUCH FACILITY, GIVE STRE	meria)	Hospital	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Homemaker		126 KIND O INDUSTRY Horr	DE BUSINESS	OR
13a	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN Harfo	TY 13c. CITY OR TO	WN 113	3d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 469 W.Bel A	ir Ave	Aber	21001 rdeen,	Md.
14. F	ATHER'S NAME FIRST A	AIDDLE LAST	15	S. MOTHER'S MAIDEN NAM	WE		LAS		
Ge	eorge	A. Mitche	2]]	Effie	WIDDLE	Har	rkins		
16a \	WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166. SOCIAL SEC	of plan plan	7. INFORMANT	ADDRE		N.LIIO		
No		220-20-	-1825 F	dna M.Osborn	.436 W.Bel	Air Ave	Abe	erdeen	. Mc
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ (c)	OS V UENCE OF Semma	D.			20.	y as	
z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DÉATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN	IN PART 1(c	3 1	
CERTIFICATION	196 DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION V	WAS PERFORMED	20a AUTOPSY? YES □ NO 🛣	20b. IF YES, W IN CERTIFYIN YES	ERE FINDING CAUSES	NGS USED OF DEATH?	,
	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAC (IF EITHER NOTIFY MEDICAL EXAMINER)		DAY YEAR	To HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1	OR PART 2)		
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		II LOCATION STREET	CITY OR TO	wN	COUNTY	STATE	E
	22a. certify that (I) (this hospit			that in (my) (our) opinion o	, to			that (1) (we)	
	above, (I) (we) (did) (did not 22b. SIGNATURE) view the body ofter death.			Jeoin occurred on the de	не опа поогол			0
	m	alm	DE	GREE ATTENDING PHYSICIAN	MEDICAL STAR	F IAN	22c. DATE	SIGNED	
	22d. PHYSICIAN'S NAME (TYPE OF	Shar MD	2	7005 W	mon avi	Ham	, D-8	raan	19.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The la retained by the hospital or attending physician

DHMH-16 30M 2/80 (VRA 15, 4)

9/24/1981 Rock Run Methodist

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN Havre de

Grace Harford Md. STATE

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Tarring Funeral Home, P.A., Aberdeen, Md. 21001-3399

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	FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH REG. NO.			
by be		CEASED NAME FIRST OR PRINT)	HOMER HOMER	FLETCHER 15. DATE OF BIRTH	20 DATE OF DEATH MONTH	IS 81 25AM
3e 4 m		PALE	White	Jan. 16 1939		MONTHS DAYS HOURS MIN.
neral dire	To. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Portland Main		76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNT	Y OF DEATH MD.
by the furthised within	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE	176 KIND OF BUSINESS OR
red within 24 hour smpletely filled in ond 2 should be examine (must be	USU A 13a S	AL RESIDENCE HE NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE REFORM	ADMISSION)	37 Bramble I	
		Robert Merri VAS DECEASED EVER IN U.S. A ES NO OR UNKNOWN) 1 18 4 85, G		Marian	Atherton Address	Fletcher
Po e e	Yo	ES NO OR UNKNOWN) IF YES, GI	rmy 004-36	-1051 Joan Andr	ews Fletcher	SAME
resion SI., e death certific that a strength of the corporation of remo	WEDICAL CERTIFICATION	PART I. DEATH WAS CAUSI	nly one couse per line for (a), (b) on ED BY TE CAUSE (a), DUE TO, OR AS A CONSEQUI	ae Whest. &	lectromechduss M.I	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH LIGHT - / WA
NG PHYSICIAN: The law requires that the attending physicion. After this certificate by the system of the buriol-transit permit. Then please reset than Amerial Hygiene prior to burial, cremented or teem 18 shaws any injury, ar other		underlying couse lost. PART 2 OTHER SIGNIFICANT	conditions contributing to	DEATH BUT NOT RELATED TO THE TERM	UNAL DISEASE OR CONDITION GI	
		19a date of operation		OPERATION WAS PERFORMED	YES NO Y	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
		710 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D. R) P.M.	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2}
DING PHYS or attendir After this e os the bu oith and Mu morked or I	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F	ARM ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTEN Dital TOR: for us		sow the deceased alive or above, (1) (we) (did) (did no	ottol) ottended the deceased from 1980	, and that in (my) (our) opinion	death accurred on the date and ho	ur and from the causes stated
OR he hor cache ache be Dep		77b. SIGNATURE	mail		MEDICAL STAFF DIRECTOR PHYSICIAN	22t. DATE SIGNED
TO HOSPITAL etoined by th TO FUNERAL should be dett with the Store		22d PHYSICIAN'S NAME (TYPE	AIR M.D	1716 He	ayad Road	- Yallstm. MD2104
BP	23e B	URIAL, CREMATION, REMOVAL SPECIFY) Burial		rford Memorial	Gardens Har	county State
DHMH - 16 50M 1/81 (VRA 15, 4)		chell Funer	1 1981 Al Home P.A. H	avre de Grace	P 1 8 1981 C Jane	T AN SOIGHT THE

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Land Committee C

X	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	FIENES REG. N	2 4 0 5	3
	DECEASED NAME FIRST TOKE	Menry	Fraley	2a. DATE OF DEATH	MONTH DAY YEAR 2b.	HOUR 3
M)	MALE	WHITE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR		UNDER 24 H
55	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTR	Y? 8. MARRIED MEVER MARRIED WIDOWED DIVORCED		OR COUNTY OF DEATH	Y
B 10	Fallston	11. NAME OF HOSPITAL, NURS	1 11 1 1	120 USUAL OCCUPAT	OF WORKING LIFE) INDUSTRY	
å U:	L STATE IN OU	ROTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION) DWN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS		
7 Ogmine	FATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME MIDDLE	JOHNSON LAST	
3 lee	. WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE		ADDR		
itable femore coronipulpersial, cremotion, or removal.	PART I. DE ATH WAS CAUS	nly one cause per line far (a), (b), ED BY TE CAUSE (a) DUE TO, OR AS A CONSECTION OF T	yscardial S	nforelle	APPROXIMATE BETWEEN ONSE	INTÉRVAL I AND DÉA
y, 0	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1(0)	
8 shows any injur	19a. DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY? YES □ NO ■	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF I YES \(\subseteq \text{N} \)	USED DEATH?
ked or them I			19 211. LOCATION	RED (ENTER NATURE OF INJU		STATE
of He 21 is	220.1 certify that (I) (this hosp sow the deceased alive a above, (I) (we) (did) (did n	ital) attended the deceased from	4 /	death occurred on the d	ote and hour and from the cous	
RTANT: If Item	226. SIGNATURE	ph Leis	ATTENDING PHYSICIAN [MEDICAL STA DIRECTOR PHYSIC		0 - 8
IMPORT	0					

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DHMH-16 30M 2/80 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL 23b. DATE B URIAL

24 FUNERAL DIRECTOR

-3-81

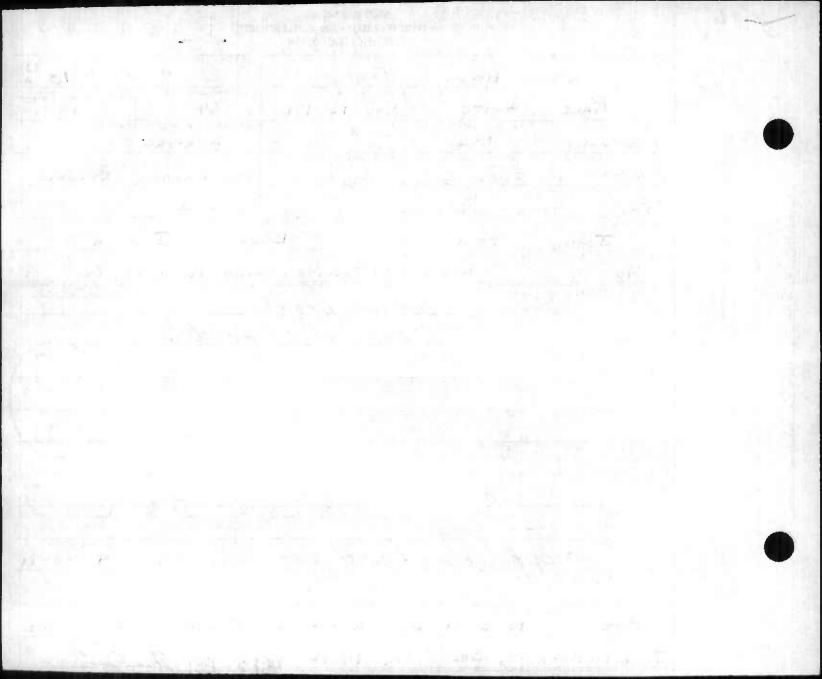
23c. NAME OF CEMETERY OR CREMATORY BEL AIR GARDENS

23d. LOCATION BEL AIR

HARFORD

MAD

25a DATE REC'D. BY REGISTRAR 25b, REGISTRAR DELTA! H. HARKINS, 17314



- STATE

REGISTRAR

NOT WHILE

raw the deceased alive or

220.1 certify that (1) (this haspital) attended the deceased from

above, (I) (we idid) did not wow the body after death.

REG. NO DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH TYPE OR PRINT HARLES SEX 4 RACE DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) MONTH 13 13 W 68 05 BALTIMORE CITY OR COUNTY OF DEATH TO. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED COUNTRY Balto. USA WIDOWED DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION LIGHOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! ALLSTON GENERAL Policeman USUAL RESIDENCE (IF NURSING HUMO OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE OUNTY 113. CITY OR TOWN 13c. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Md. Balto. 1206 Marywood Drive 21014 NO T 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE T. Frawley John Clara Grice WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESSBel Air, Md.21014 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) LYES. NO OR UNKNOWN -09-6218 Bertha Frawley, 1206 Marywood Drive no CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY. CAMPICA ANNES ? IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF SUHAMOIC HUANT DISEASC traum Conditions, if any, which gave rise to immediate cause (a), stating other DUE TO, OR AS A CONSEQUENCE OF underlying cause last. 20 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) CERTIFICATION 0 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 106. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? the burial-transit per and Mental Hygiene shaws NO 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f. LOCATION ö 21e. PLACE OF INJURY

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26. HOUR

12b. KIND OF BUSINESS OR

Bel Air, Md.

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEA

W DAY

NO [

STATE

STATE

YES

HOSPITA

COUNTY

22c. DATE SIGNED

Md.

CITY OR TOWN

STAFF

and that in (aux) (our) apinion death accurred on the date and hour and from the causes stated

MEDICAL

PHYSICIAN | DIRECTOR | PHYSICIAN [

Balto. City

IF UNDER 24 HRS

81

IF UNDER 1 YEAR

should be detached with the State Dept. MPORTANT FOUSTON BAYERSE MACULLI Mancy 234. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION Burial Gardens of Faith Balto. Cem. 24 FUNERAL DIRSChimunek Funeral Home, Inc. 250. DATE REC'D. BY REGISTRAR 256. 9705 Belair Road 21236

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC)

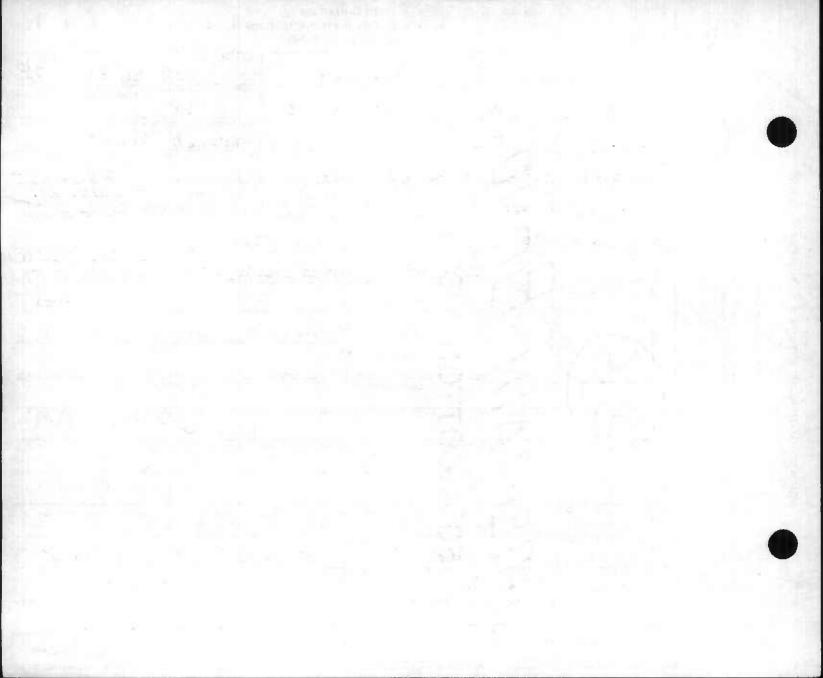
DEGREE

ATTENDING

MA

DHMH-16 30M 2/80 (VRA 15, 4)

+



executed within 24 hours after death. Page 4 may be

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL UVGIENE R

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1 -	STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	REG. NO.	7 0 3 3
	CEASED NAME FIRST ORPRINT] Myrtle	Caroline 1. RACE	Graybeal 5. Date of Birth	20. DATE OF DEATH MONTH Sept tember 6. AGE (IN YEARS LAST BIRTHDAY)	29 1981 A M
	Female	White	March 23,188	7 92 YE	MONTHS DAYS HOURS MIN.
	COUNTRY C	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COU	NTY OF DEATH MD.
40		HACTORD Y	emorial Hosp.	120 USUAL OCCUPATION (TYP) OF WORK FOR MOST OF WORKIN	NG LIFE) 12b. KIND OF BUSINESS OR
13a. S	AL RESIDENCE (IF NURSING HOME OF	NTY 134 OR TO	WN 136 INSIDE CITY LIMITS	332 Kock	Springer Ld.
	Helvin	MIDDLE Craybea	15 MOTHER'S MAIDEN	MIDDLE	AWdis
	VAS DECEASED EVER IN U.S. AF YES, NO. OR UNKNOWN) (IF YES, GI		17 INFORMANT	Gray Gey	(above)
	PART I. DEATH WAS CAUSE MMEDIA Conditions, if ony, which gave rise to immediate	Selection of	Siel AV. D	resociation	Two days
	cause lail, stating the underlying cause last.	Ele Cultu	ine of Dev	eticulosis	oneday
CERTIFICATION	IN DATE OF OPERATION	ty due	DEATH BUT NO TELATED TO THE	FRMINALDISEASE OR CONDITION TONCE DYAN 200 AUTOPEY? 200 IF	Syndrouse yes, WERTHINDINGS USED
CERTIFI	THE ACCEPTATION OF THE PROPERTY OF THE PROPERT	216 TIME OF INJURY	ZII. HOW INJURY OC	VES. NO.	YES NO
MEDICAL	OF CONTERIORS CALLES OF DE OF CONTERIORS CALLES OF DE 17	n P.M.	DAY YEAR 19 21/ LOCATION	S. I. Harris State and Co. S. A. A. Miller view.	
ME	AT WORK D. AT WORK LI	The PLACE OF INJURY		CUVIDAN	COUNTY STATE
	saw the deceased alive or	ottended the deceased from 29 A19	011	ion death occurred on the date and	
10	77h SIGNATURE //		DEGREE		132 DATE SYSNED

DHMH-16 30M 2/80 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely filled in by the funeral dishall dishafted for use as the build-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 has with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OF ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital ar attending physician.

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IMPORTANT II III 21 a marked ar Item 18 shaws ony

24. FUNERAL DIRECTOR

BURIAL,

236. DATE CREMATION, REMOVAL

CEMETERY OR CREMATORY

22e ADDRESS

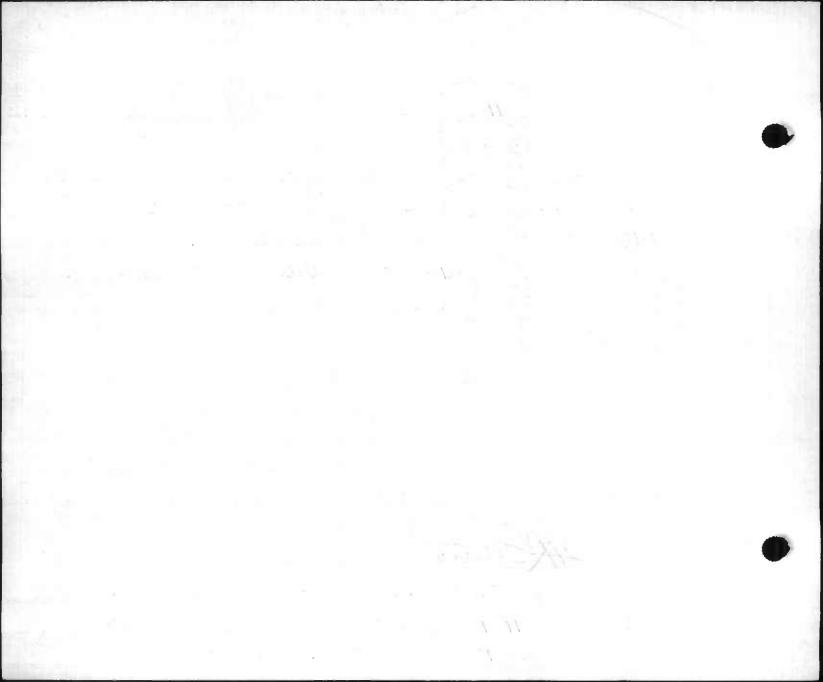
ATTENDING PHYSICIAN

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250. Date rec'd. By registrables. Recorder

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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_	REGISTRAR		CERTIFICATE OF DEATH	REG. N	O
	CEASED NAME FIRST	e Arthur	HASH	20 DATE OF DEATH	MONTH DAY YEAR 26, HOUR 35
3. SE:	MAle	white	5. DATE OF BIRTH J. MONTH 22, 1912	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HOURS NOTHS DAYS HOURS N
	RTHPLACE (STATE OR FOREIGN COUNTY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	11100-	R COUNTY OF DEATH
HA	vre de Grace	(IF NOT IN SUCH FACILITY, GIVE STREET	GHOME OR OTHER INSTITUTION ODRESS) Memorial Hospi	12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST OF	F WORKING LIFE) INDUSTRY
	AL RESIDENCE (IF NURSING HOME OR STATE 13H), COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TO 13c. CITY OR TOWN	13d INSIDE CITY LIANTS?	130. STREET ADDRESS.	erty Grove Road
14. FA	ATHER'S NAME Calvin	Hash	15. MOTHER'S MAIDEN N	AME	(Unknown) AST
	VAS DECEASED EVER IN U.S. ARA YES. NO PRUNKNOWN) (IF YES, ON	MRPR DATES) 218-22-		sh, Conowing	o, Maryland 21918
	Conditions, if any, which gove rise to immediate				- Maria Printer
7	couse (o), stating the underlying cause lost.	ONDITIONS CONTRIBUTING TO D	NEE OF Chown	lynghos RMINALDISEASE OR CON	DITION GIVEN IN PART 1/g1
TIFICATION	couse (o), stating the underlying cause lost.	ONDITIONS CONTRIBUTING TO D	Ch Chrown	LIPPE SEASE OR CON	206. IF YES, WERE FINDINGS USED
CAL CERTIFICATION	couse (o), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D 19b. CONDITION FOR WHICH (21b. TIME OF INJURY HOUR A.M. MONTH DA	DEATH BUT NOT RELATED TO THE TER	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
MEDICAL CERTIFICATION	couse (o), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT C 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ONDITIONS CONTRIBUTING TO D 19b. CONDITION FOR WHICH (21b. TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFORMED 21c. HOW INJURY OCCU	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO PRINTED THE TENT OF PART 2)
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retained by the haspital ar attending physician. BP.

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the shauld be detached far use as the burial-tronsit permit. Then please remove carbon popers. Pages 1 and 2 shauld be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 ha

^{23L DATE} Sept8, 1981 230 BURIAL, CREMATION, (SPECIFY) Burial REMOVAL Lee A. Patterson & Son, Perryville, Maryland.

23c. NAME OF CEMETERY OR CREMATORY
Asbury (emetery)

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executed within 24 hours after death. Page 4

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and ca should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the hospital or attending physician.

injury, or other traumatic event, the medical

IMPORTANT: If Item 21 is marked or Item 18 shows any

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

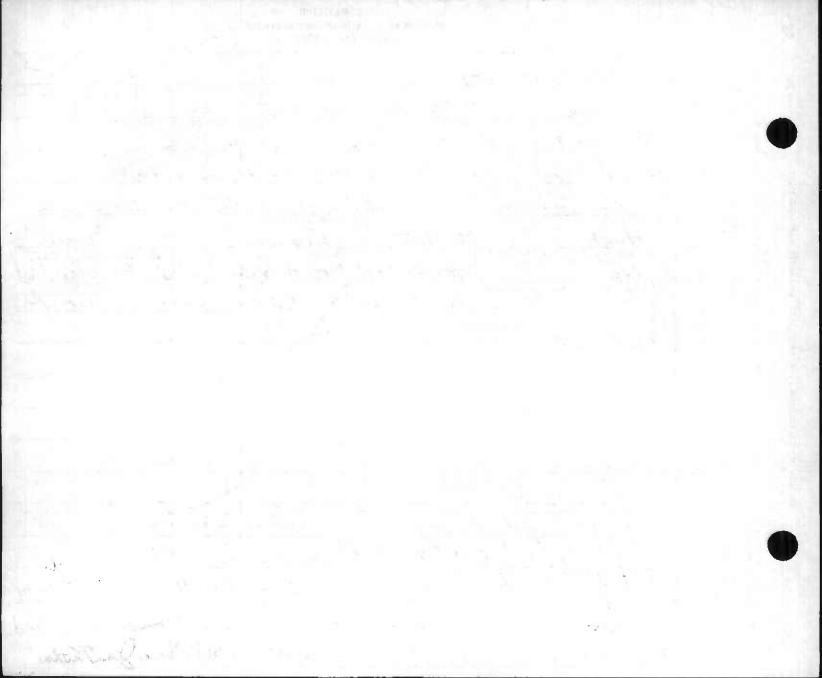
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	- STATE REGISTRAR		CERTIFICA	ATE OF DEATH	REG. N	10.	
	CEASED NAME FIRST E OR PRINT) REBECC	A DAY	Jo	NES	20 DATE OF DEATH	9-5-8	26. HOUR A 9:15 M
3. SE		4. RACE White The CITIZEN OF WHAT COUN	5. DATE OF B	DAY 1895	6. AGE (IN YEARS LAST BI	YRS.	DAYS HOURS MIN.
70. 6	GOUNTRY) Maryland	U.S.A	MARRIED WIDOWED	NEVER MARRIED DIVORCED	P. BALTIMORE CITY	C)	MD.
H	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU Whot in such facility, gives HARF OR	TREET ADDRESS) EMORIAL	HOSPITAL	120. USUAL OCCUPAT	180.10	IND OF BUSINESS OR STRY
	AL RESIDENCE (IF NURSING HOME OF STATE 136. COUNTY)		TOWN 13d	. INSIDE CITY LIMITS?	130. STREET ADDRESS	urchun	LE Rd.
14, F.	ATHER'S NAME Hugh	MIDDLE MC N	15.	MOTHER'S MAIDEN NA	ME MIDDLE		Day
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b. SOCIAL (2 WAR OR DATES)	SECURITY NO. 17.	Mrs. H. G	conge Me M	Vutt, Fall	ley St. Ston, Md
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT OF THE SIGNIFICANT OF T	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) (c)	EQUENCE OF	Bree	nt	wa,	mongh
CERTIFICATION	190 DATE OF OPERATION	19b, CONDITION FOR W			200 AUTOPSY?	20b. IF YES, WERE F	INDINGS USED
	2 to . ACCIDENT WAS UNDERLYING		DAY YEAR	CHOW INJURY OCCURE	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART I OR PA	ART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF		I. LOCATION STREET	CITY OR TO	OWN COUN	STATE
	22b. SIGNATULE	elout	41	ATTENDING _	, to	22c.	, mor (i) (we) losi
22.	BURIAL, CREMATION, REMOVAL	Blos SA	22 23c. NAME OF CEME	e. ADDRESS / C	123d LOCATION	's, Met	7.21024

DHMH-16 30M 2/80 (VRA 15, 4)

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24. FUNERAL DIRECTOR H. Harkins, 600 Main St.



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MMEDIATE CAUSE (B) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (B), stating the Underlying couse lost. (C) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(D) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(D) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(D) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(D) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(D) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(D) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(D) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(D) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(D) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(D) PART 2 OTHER SIGNIFICANT CONDITION TO RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(D) PART 2 OTHER SIGNIFICANT CONDITION TO RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(D) PART 2 OTHER SIGNIFICANT CONDITION TO RELATED TO THE TERMINAL DISEASE OR CONDITION TO RELATED TO THE TERMINAL DISEASE OR CONDITION TO RELATED TO THE TERMINAL DISEASE OR CONDITION TO THE TE	be execu		(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES		, ZZZ EAS	HAMINIAN STORY	
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DEGREE ATTENDING MEDICAL STAFF Physician Director Directo	SICIAN: The law range physicion. certificate hos beer uniol-tronsit permit. Antal Hygiene prior them 18 shows any	4	8-26-77 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH DA	21c. HOW INJURY DCCUR	YES NO	YES NO NO	
PHYSICIAN DIRECTOR PHYSICIAN DIR	OR ATTENDING PHY a hospital or obtending UNECTOR: After this ched for use os the bopt, of Health and when 21 is marked or	MEDI	WHILE AT WORK 220. I certify that (I) (this hosp saw the deceased alive ar above. (I) (we) (did) (did not 22b. SIGNATURE)	(AT HOME, STREET, FACTORY, OFFICE, F ital) gyended the deceased from 19 11) view the bady after death.	ARM. ETC.) STREET , ond that in (my) (our) opinion DEGREE	to 9-7- death occurred on the date and he	, 19 that (I) (we) last our and from the causes stated	
BP SEPT. 10, 1981 BEL Air Menerial Gardes BLAIR LOLLY DHMH-1630M2/80 24 FUNERAL DIRECTOR TO THE PROPERTY OF	TO HOSPITAL (retained by the TO FUNERAL Ishould be detained the State [IMPORTANT: If		22d. PHYSICHA'S NAME (TYPE	ORPRINT) BARGS/	PHYSICIAN B	DIRECTOR PHYSICIAN D	-G-170, 214	
	BP DHMH-16 30M 2/80		Burial UNERAL DIRECTOR SOSEPH WITTAM F	SEPT. 10, 1981 B	d Air Memerial Gardes	S BHASE Havening	RAR STATE TORRELS	

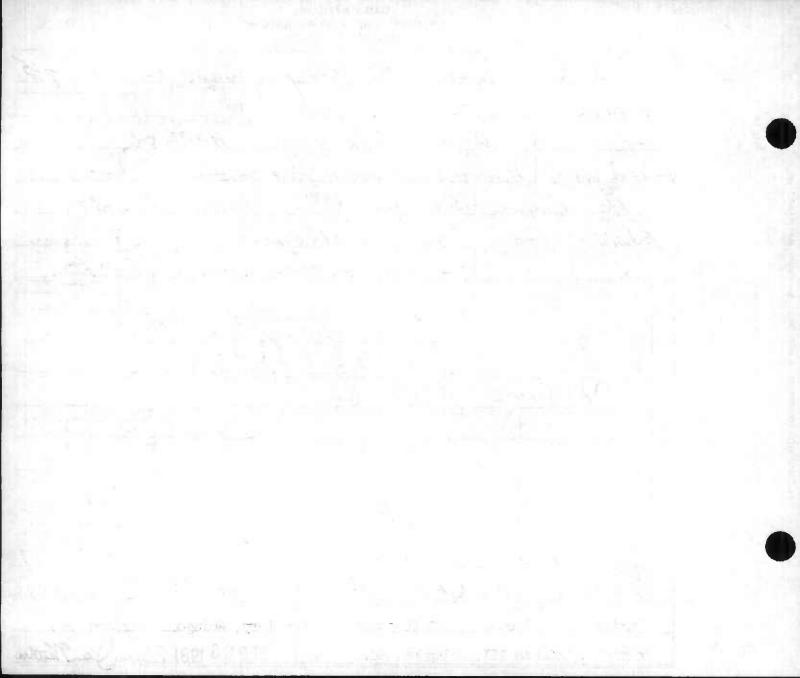
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled we with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

he oneral director, page 3 within 72 hours after death

1				STATE OF MARY		296 1	0 4 3	1 13
100	1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 2 4 5 6 2							0 4
		REGISTRAR		CERTIFICATE OF		REG. NO.		
- 11		CEASED NAME FIRST	MIDDLE	LAST : D		20. DATE OF DEATH MOI	NTH DAY YEAR	2b. HOUR
-		MAbel	GRACE.	ne/Th/	eu	DEDT =	14 81	7 4 M
	3. SEX	1	4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YOURS LAST BIRTHDA	MONTHS DAYS	IF UNDER 24 HRS
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e e		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT		MARRIED -	BALTIMORE CITY OR	OUNTY OF DEATH	
186		lary land	USA		ONORCED	HARFO	Rd	MD.
e	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		STITUTION	12a USUAL OCCUPATION		F BUSINESS OR
Eda	HA	URE de GRACE	HARford	MemoRIAL	Hisp	Seamstress		mplo ved
pe	USU/	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BE	EFORE ADMISSION)		13e. STREET ADDRESS		min and
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0		VAS DECEASED EVER IN U.S. AR		ECURITY NO. 17. INFORM	ANT O	ADDRESS	- , , ,	Birg
medico	- 0		213-01-	-9910 Mrs. S	Shirlev	G. Good 2511	Joppa, Md Jerusalem	Pd.
the		NO 18. CAUSE OF DEATH (Enter or		-3310 IMIS.	oninitey	d. 0000,2011	TO THE OTHER	MATE INTERVAL
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ws o	CERTIFICATION					YES T NOT	VES T	OF DEATH?
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18 m		OR CONTRIBUTING CAUSE OF DE		1				
Mento or Item	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 211 LOCAT	ION	Communitary	266763.0	
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Z Z		PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. ADDRE	.77	DIRECTOR PHYSICIAN	1Un III	7/1/
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MPORT		MINIE	MOIUMI	71000	2.001	VUYL /UIL	MINITO	(VI)
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_	24 5	Burial	Sept.28,1981	Cokesbury Mer				Md
2/80		JNERAL DIRECTOR Howard K. McCor	ADDRE	35 11.3	250. DATE	0 0	REGISTRAR'S SIGNATU	ew_
		noward K. McCor	nas III, Abingo	aon, Ma.	5	EP 28 1981	Carres lan	1 lauren



ETYPE OR PRINTS NNE MADELINE 3. SEX 4. RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 150 BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED COLINTRY WIDOWED X DIVORCED 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION CITY OR TOWN OF DEATH LIE NOT IN SUCH FACILITY, GIVE STREET ADDRESS] TYPE OF WORK FOR MOST OF WORKING LIFE) STON HOUSEWIFE NOSP PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 2716 Grier 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME HELN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 0 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? a NO sho and Mental Hygie 21g. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) ā 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN porked (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK Health 220.1 certify that (1) (this haspital) attended the deceased fram

saw the deceased alive an_

abave, (1) (we) (did) (did nat) view the bady after death

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FOR

I. DECEASED NAME

REGISTRAR

- STATE

230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) BELAIR BELATE MEM, GARDENS 24 FUNERAL DIRECTOR BY REGISTRAR 256. REGISTRAR DHMH-16 30M 2/80 FUNERAL SERVICE (VRA 15, 4) BENSON, MD

ROVOLIDA

DEGREE

22e ADDRESS

ATTENDING

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

REG. NO.

MONTH

YEAR

81

IF UNDER 1 YEAR

2h HOUR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO F

STATE

20b. IF YES, WERE FINDINGS USED

COUNTY

FALLSTON, Nd . 21047.

22c. DATE SIGNED

YES

and that in (my) (aur) opinion death accurred on the date and haur and from the causes stated

PHYSICIAN DIRECTOR PHYSICIAN

STAFF

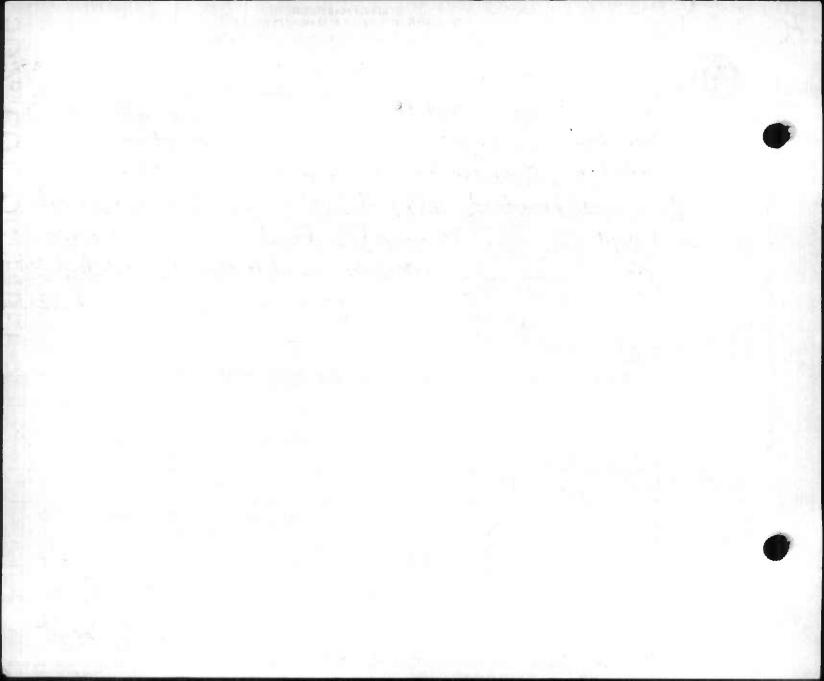
IN CERTIFYING CAUSES OF DEATH?

OWN HOME

2n DATE OF DEATH

- 454 34 (4)44 = L Franking Dalmariet Line of Miller of Charles J. Street Company of the Com the first the base one because the seal of the seal of the E. Toler C. 1813 | Large - Parille Care Strong Control - protection

	1-	OR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY MEDICAL EXAMINER'S CERTIFICATE OF							
(M)	1. DEC	CEASED NAME FIRST Mart	ha Ellen Kennedy	20. DATE KNOWN MONTH DAY YEAR 25 HOUR OF ESTI- 9-10 19 81 P. N						
S S S S S S S S S S S S S S S S S S S	3. SEX	Fe HRACE Wh	Oct. 17,1934 46 YRS.	MIN. PRONOUNCED 9- 10 1989 3:32						
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PAGE PIECE	- F	Fallston	Foliston General Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEW, FE						
RETAIN 2	13g. S1	ATE AT ATA HO	rford Whiteford YES NO	2245 whiteford Rd.						
12 SE PR		FIRST NAME	MIDDLE MALLAST AST TEST AND IT. INFORMANT	ADDRESS Damion						
MIN FOR PAGES 1		AS DECEASED EVER IN U.S. ARN S, NO, OR UNKNOWN) (IF YES, GIVE V	232-70-3604 Donald	4. Kennedy, Whiteford, Md						
N PENCU, IN TEM 18. SXAMINER ALCNG W IAI, TRANSIT PERMIT, MENTAL HYGIENE, D IN, OR REMOVAL		18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIAT Canditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.	10-1-11- 1001-07-17-4	approximate interval BETWEEN ONSEL AND DEATH Mowys						
EDING" S A BUR LTH AND	NO	PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to								
ORD "PER CHIEF M USED A OF HEA	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY? YES □ NO 🈿						
THE WC TO THE COUID BY RETMENT OR TO BY		110 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH DAY YEAR	(ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)						
WRITING ARRED AGE 3 SH ATE DEP	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) 216 LOCATION STREET	CITY OR TOWN COUNTY STATE						
THE CERTIFICATE, HOULD BE FORM RAL DIRECTOR: P ATH, WITH THE ST RE, MARYLAND, 2		220. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinion death resulted from: Natural causes , Accident , Sencide , Hamicide , Undetermined manner , ACTUAL SIGNATURE								
EXECUTE PAGE 4 TO FUNE AFTER DE BALTIMO	-	EXAMINER'S NAME Same		Wheeler School Rd. hiteford, M.d. 21160						
BP	(5	JRIAL, CREMATION, REMOVAL 23 Burial JNERAL DIRECTOR	0. DATE 17-14-81 Slate Ridge 1250. DATE RE	133 LOCATION CITYORTOWN Delta York Co., Fo.						
DHMH - 17 VR A15 ME (5)) 15M 2/80	Jo	In H. Harkin	5,600 Main St. Delta PA. SEP	14 1981 home gantlasthe						



deoth. Poge 4 may be executed within 24 hours ofter certificate be requires that the death ATTENDAG PHYSICIAN: The low ned by the hospital or attending physicion.

10 FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the functional be detached for use as the buriol-transit permit. Then please remove corbonpapers. Pages 1 and 2 shauld be filed within the State Dept. of the Manager of the Author and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT IF them 21 is marked or them 18 shows ony injury, or other troumotic event, the medical

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

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	REG. N	10.					
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н	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	Ο.	
Ī	1. DECEASED NAME FIRST	MIDDLE	L	AST	2a DATE OF DEATH	MONTH DAY Y	EAR 26. HOUR
1	(TYPE OR PRINT) Marga	not A	IC.	ggg		9 5 8	1 1100
13	3 SEX	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT	THDAY] IF UNDER	1 YEAR IF UNDER 24 HRS
	FEMALE	WHITE		Y 14, 1895	86	YRS.	DAYS HOURS MIN.
17	To. BIRTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT	COUNTRY?	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEA	тн
L	MARYLAND	USA	WIDOWE	DIVORCED [Harford	COUNTY	MC
I	10. CITY OR TOWN OF DEATH		AL, NURSING HOME C	OR OTHER INSTITUTION	12a. USUAL OCCUPATI		IND OF BUSINESS OR
1	Fallston	Fallston	General	Hospital.	HOMEMAKE	R	
I	USUAL RESIDENCE (IF NURSING HOME		PERFALLS	13d. INSIDE CITY LIMITS?	CHAPMAN	ROAD PO	вох 8
1	14 FATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NAM			LAST
1	JOHN MENGELE			VERONICA	FUCKSLÜG		
T	(YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SO	OCIAL SECURITY NO.	17 INFORMANT	ADDRE		0
1	NO		3103154	WILLIAM KO	PP CHAPMA	N ROAD P	O BOX 8
F	18 CAUSE OF DEATH (Enter	only one couse per line to	6(0), (b), and (c)	1000	-0-	8ET	APPROXIMATE INTERVAL
Н	PART I. DEATH WAS CAUS	SED BY:	Walacaid	ial Sola	iekon.		
ı	1/100	ATE CAUSE (U)	1	//			
1	7100	DUE TO, OR AS A	CONSEQUENCE OF	U		A	
ı	Conditions, if ony, which gove rise to immediate	(b)					
ı	cause (o), stating the underlying cause last	DUE TO, OR AS A	CONSEQUENCE OF			100	
1		(c)					
١		CONDITIONS CONTRIB	BUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PA	ART 1(a)
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING					1	
	M 190 DATE OF OPERATION	196. CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE F	
	# L				YES NO	YES 🗌	NO 🗆
1		110/10 4 14 14		21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PA	ART 2)
1	OR CONTRIBUTING CAUSE OF D	EAIN	19				
ı	(IF EITHER, NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED	21e PLACE OF INJ	URY	21f. LOCATION			
1		(AT HOME, STREET, FAC	TORY, OFFICE, FARM, ETC.]	STREET	CITY OR TOV	WN COUNT	TY STATE
ı	WORK AT WORK			70		dalla F	
ı	22a:1 certify that (I) (this has			nd that in (my) (our) opinion o	enth occurred on the de	ate and hour and tra	, that (I) (we) last
1	sow the deceased alive of above, (If (we) (did) (did)	not view the body after d			scom occorred on the or		
ı	22b-SIGNATURE	1 Censet	1110	DEGREE ATTENDING	MEDICAL STAI	FF _ C	PISIGNES
Н	224 PHYSICIAN'S NAME (TYPE	CO CO CO	- DOC 4	PHYSICIAN 220 ADDRESS	DIRECTOR PHYSIC	IAN	10/01
1	THE STEINING STANKE (TYPE	OKPKINI)		III. ADDRESS			
1					1.00 Elizabeth		
I	736 BURIAL STEMATION, REMOVE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
	BURTAL	7 9-8-81	HOLY F	REDEEMER CEM	BALTIMO		T.AND

DHMH - 16 50M 7/77 (VR A 15 (4))

BP

TO HOSPITAL

74 FUNERAL DIRECTOR 1211 THESACO AVE. CEM. BALTIMORE, MARYLAND

250. DATE REC'D. BY REGISTRAP 250. REGISTRAP'S STOCKARD ST SEP 1981

AUDITOR TO THE TO THE TO

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PT CHAPMAN HOAD FO BOX 6	OA HALLIM	i teltete		Oli
BALTINGAT, PARTILLED				
A STATE OF THE PARTY OF THE PAR			7.7	T. Par V

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY	GIENE 8		2	4	0	6	Ó
CERTIFICATE OF DEATH		REG. N	10.				
LAST	2a. DATE	OF DEATH	MONTH	DAY	YEAR	2b HOU	JR

- STATE REGISTRAR DECEASED NAME LIVEE OR PRINTS

PIC d pe

8 MPORTANT ploods

LOUISE (Kowalewski) Kowalesky 5. DATE OF BIRTH 3. SEX 6 AGE (IN YEARS LAST BIRTHDAY) YEAR MONTH Female White 1893 88 TO BIRTHPLACE I STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Penna. WIDOWED DIVORCED HARFORD 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) HAVRE DE GRACE CITIZENS NSG. HOME USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVERESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Harford 909 Maryland Joppa NO X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Philip Bettinger Marv 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one cause (b), and (c).) ne tor (a), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Canditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE OR CONDITION GIVEN PART TO 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIS MEDICAL EXAMINER) PA 214 INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET 220 I certify that (1) (this hospital) attended the deceased fram saw the deceased alive an entry of above. (It (we) (did) (did not) view the body of 10 19 77h SIGNATURE DEGREE ATTENDING M MEDICAL PHYSICIAN 270. PHYSICIAN'S NAME (TYPE OF PRINT 22. ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial Calvary Cemetery Barnes

Fleming Funeral Service

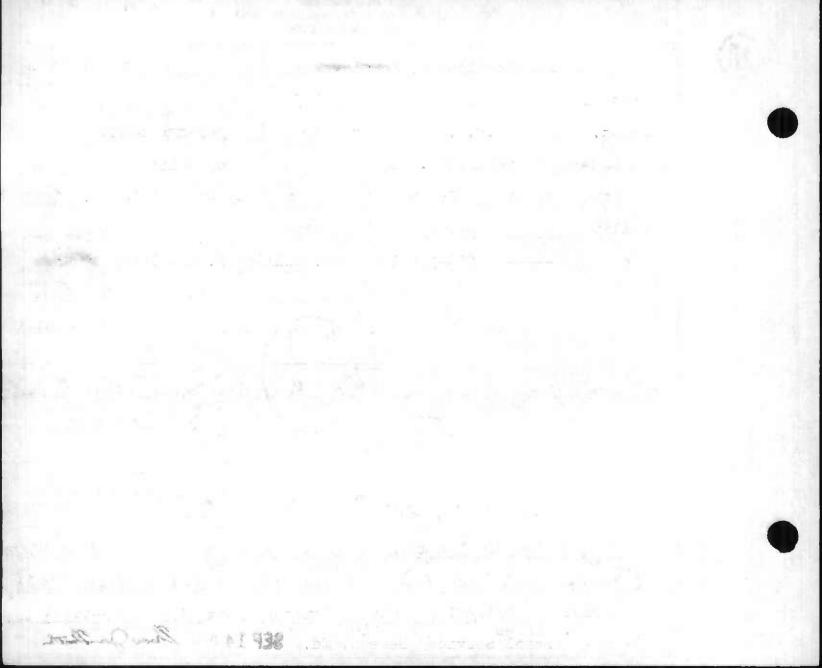
MIDDLE

12b. KIND OF BUSINESS OR INDUSTRY Housewife Own Home 13e. STREET ADDRESS Greenfield Rd. 21085 ADDRESS Mrs. William J. Kowalesky APPROXIMATE INTERVAL BETWEEN ONSFIRAND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES L 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) and that in (my) (our) opinian death accurred on the date and hour and from the causes stated 22c DANE DIRECTOR PHYSICIAN Pottsville Schuvlkill Benson, Md.

IF UNDER LYEAR

IF LINDER 24 HRS

DHMH-16 30M 2/80 (VRA 15, 4)



and 2 should be filed

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carban-papini with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayo MPORTANT: If Hem 21 is marked ar Item 18 shaws any injury, ar ather traumatic event, the

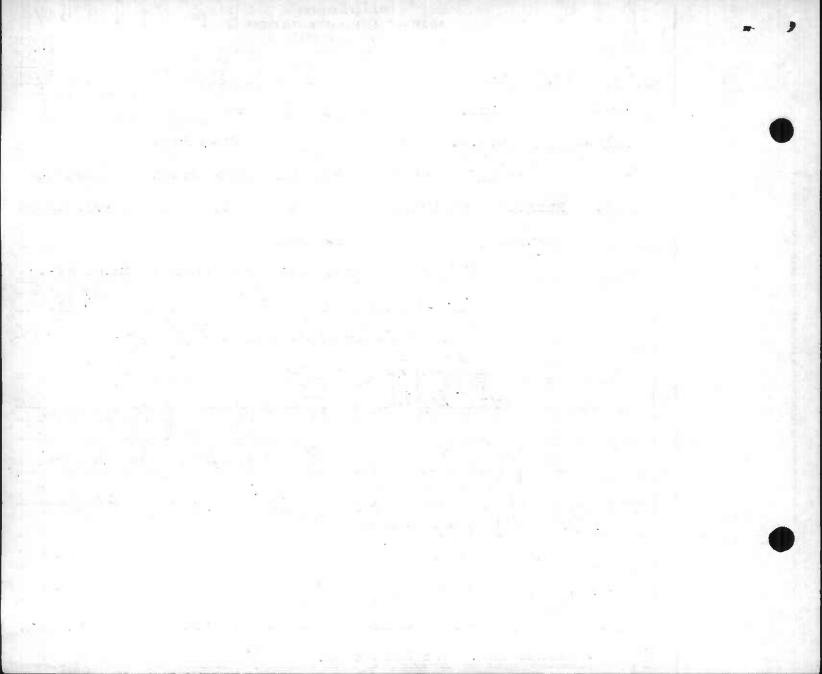
OR ATTENDING PHYSICIAN: The law

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital ar attending physician

	1.	FOR STATE REGISTRAR			DEP	ARTMENT OF	TE OF MARYLA HEALTH AND N FICATE OF D	NENTAL HYGI		2	40	6 /
		CEASED NAME	FIRST		MIDDLE		LAST		REG. 2a. DATE OF DEATH		DAY YEAR	26. HQUR 00
		K02/0W	ski.	BER	T				Sept.	7,	1981	8PM
	3. SE	MAIE		4 RACE		MON		YEAR	6. AGE (IN YEARS LAST I		MONTHS DAYS	HOURS MIN.
20	7a. BI	RTHPLACE (STATE OR FO	DREIGN	Ca. 76 CITIZEN OF		TRY? 8.	1	97	9 BALTIMORE CITY	YRS.	OF DEATH	
1		Poland	1, 50	U.S		WIDOW		ORCED	HARF	FORD		MD.
2		TY OR TOWN OF DEA	ATH	(IF NOT IN SUC	HEACILITY, GIVE	STREET ADDRESS)	OR OTHER INST		12a. USUAL OCCUPA (TYPE OF WORK FOR MOS	TOF WORKING LIF	FE) INDUSTRY	OF BUSINESS OR
57	UŠÚ.	AL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE)	TAL	Beth St] Re	etired
9	130	Md.	Har:	ford	Fall:		YES T	TY LIMITS? NO ≭	13e. STREET ADDRES 1011 RC		t Ave.	21085
211	14 FA	ATHER'S NAME FIRST		AIDDLE	LAST		15. MOTHER'S	IRST			LAS	
1	16a. V	VAS DECEASED EVER	IN U.S. AR	MED FORCES?	16b. SOCIAL	SECURITY NO.	Pau 17. INFORMAN		ADD	RESS		
1	,	no or unknown)	(IF YES, GIVE	WAR OR DATES)	2/3-0	9-3981	Mary	Kozlo	wski 101	1 Ros	emont	Ave.
	2	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF THE TERMINAL DISEASE OR CONDITION GIVEN								fasion	WATE INTERVAL ONSELAND DEATH	
9	CERTIFICATION	190. DATE OF OPERAT	TION	19b. COND	TION FOR WI	HICH OPERATIO	N WAS PERFOR	MED	20a AUTOPSY?	IN CERTIF	S, WERE FINDIN YING CAUSES	NGS USED OF DEATH?
9		21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION	AUSE OF DEA	110010	M. MONTH	DAY YEAR	21c. HOW INJ	URY OCCURRE	ED (ENTER NATURE OF IN		topal .	Nair
	MEDICAL	21d. INJURY OCCURR WHILE NOT WE AT WORK	HILE		REET, FACTORY, OF	0	21f. LOCATION	0/	CITEDRY) J ()	COUNTY	STATE
4		sow the decease abave (I) we) (a	malive on	sens	7,	44		ur opinion d	eath accurred on the	date and hou	r and from the	
		(06	beis	S.C.	Jun,	ш.Д.	Pi	HYSICIAN A	MEDICAL ST DIRECTOR PHYS	AFF ICIAN 🗌	9/7	181
1		22d. PHYSICIAN'S NA Albe	rt	J.C.	SUN,	M.D.		oo Hai	ford Rd.	Falls	ton 21	047
	23a. B	URIAL, CREMATION, I PECIFY) Burial	REMOVAL	23b. DATE 9-10	_		EMETERY OR CE		23d. LOCATION CITY OR TOWN		COUNTY	STATE
	24. FL	INERAL DIRECTOR					ens of	25a. DATE	Balto. REC'D. BY REGISTRA	R 25b. REGIST	Balto RAR'S SIGNATI	D. Md.
		John C.	Mill	er Inc	. 6415	Bela	ir Rd.	SEF	8 1981	Thank	00	12

DHMH - 16 60M 7/73 (VR A 15 (4))

BP.

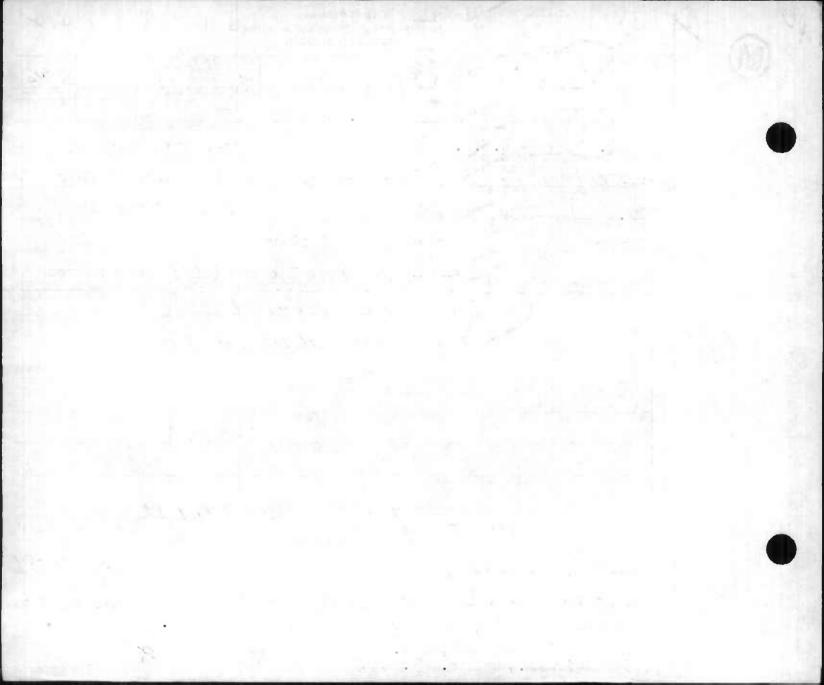


OF P	1.	FOR STATE REGISTRAR	95	DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	2 4	0 6 8
(a)		CEASED NATHOMA'S	Р.	TEONAR	D 980	AST	20 DATE OF POTY 84	8	YEAR 25 HOUR
ge 4 ma ector, pi urs oft	3 SE	MALE	CAU	CASIAN	S. DATE C	DAY YEAR	6 AGE TINYEARS LAST BIRTHO	YRS IF UNDE	R YEAR IF UNDER 24 HRS DATS HOURS MIN.
heoth. Po	7a B	RTHPLACE (STATE OR FOREIGN COUNTRY)		S.A.	Y? 8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR O	- \	UNTY MD
by the tu	10 C	ALLSTON		OF HOSPITAL, NURS		VECAL	120 USUAL OCCUPATION ATTYPE OF WORK FOR MOST OF W	125	kind of Business or Dustry estern El
filled in hauld be	13a :		OR OTHER INSTITU JNTY FORD	130. CITY OR TO FALLST	WN	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS Pla	invue	Way
ompletely ompletely ond 2 sl		THER'S NAME FIRST Edward	WIDDLE	Leonar	·d	15. MOTHER'S MAIDEN NA Barbara	MIDDLE		Glos
be execu	(VAS DECEASED EVER IN U.S. A VES. NO OR UNKNOWN) (IF YES (RMED FORCE			Marie Leor	nard (wife)		address
quires that the death c signed by the attendir hen please remove cark to bural, cremation, or jury, or ather troumation	N	Conditions, if ony, which gove rise to immediate couse lol, stating the underlying couse last PART 2. OTHER SIGNIFICAN	DUETO	D, OR AS A CONSEC D, OR AS A CONSEC D, OR AS A CONSEC D, CONTRIBUTING TO	JIM 2		INAL DISEASE OR CONDIT		
on. hos been t permit T ene prior ows ony in	CERTIFICATION	190 DATE OF OPERATION	19b CC	ONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY? 2	NOB. IF YES, WERE N CERTIFYING O	E FINDINGS USED CAUSES OF DEATH?
SICIAN: The ng physicic certificate urial-tronsit lental Hygishem 18 sha		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR	AE OF INJURY R. A.M. MONTH P.M.	DAY YEAR	21¢ HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY II	NITEM IS PART FOR	PARI 2)
DING PHYSICI or ottending it After this cert ces the burial of th and Menta	MEDICAL	WHILE OCT WHILE AT WORK		ACE OF INJURY NE STREET, FACTORY, OFFIC	E, FARM, ETC }	211 LOCATION STREET	CITY OR TOWN	C/	UNIY STATE
ATTENDI sprtol or CTOR: A J for use of Heali		22a.1 certify that (1) (this has sow the deceased alive of above 41 (we) (did) (did)	n Se	Of 19	\$, 01	id that in (my) (our) opinion	death accurred on the date	ond hour and to	, that (1) (we) lost rom the couses stated
TALOR, y the how the how the how the DIRE detached detached to the Dept. If then the Dept.		226. SIGNATURE	Llow	is		DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIA		LA 9-81
O HOSPITAL etained by the TO FUNERAL should be det with the Stole MAPORTANT:		22d PHYSICIAN'S NAME (TYPE	OR PRINT)	Loui	٤.	1 W. Rin	g Factores	Be	1'Air
BP	23a I	URIAL, CREMATION, REMOVA SPECIFY) Burial	23b. DATE	2/81 (Garder Garder	emetery or crematory as of Faith	23d LOCATION CITBATTO	COUNT	TY Md STATE

SCHIMUNEK FUNERAL HOME, ADD INC. 9705 Belair Rd., Balto. Md. 21236

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/81 (VRA 15, 4)



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fune should be detached far use as the burial-transit permit. Then please remove carbompopers. Pages 1 and 2 should be filed within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

medical

injury, or ather troumatic event, the

IMPORTANT: If Item 21 is morked or Item 18 shows ony

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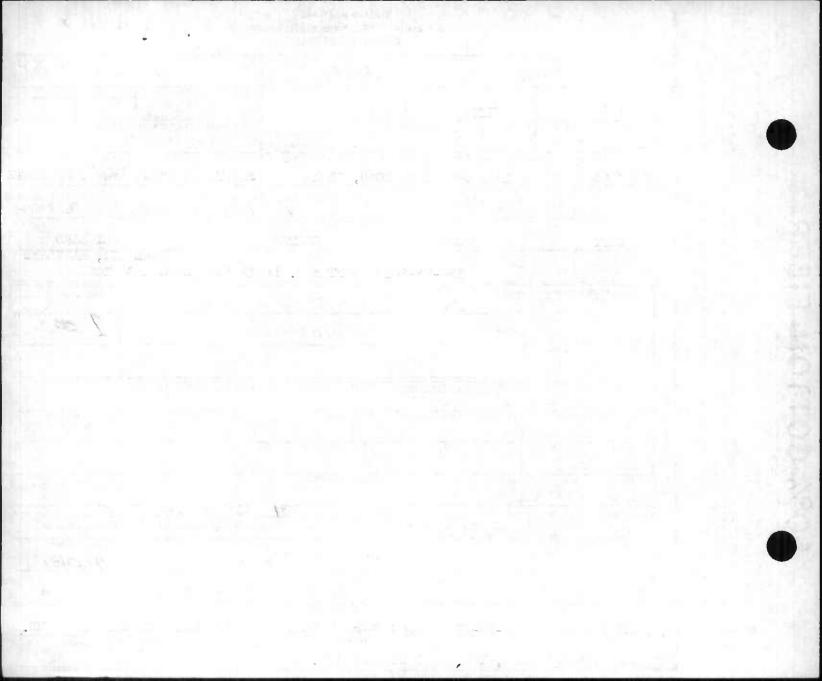
may be

FOR 1 - STATE REGISTRAR		NT OF HE	E OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH	ENE 8 1	2 4	406	9
1. DECEASED NAME FIRST (TYPE OR PRINT) BERTHA.	L.		VBEY	20. DATE OF DEATH	9-26	20.11	OUR P
	1 TE 5.	DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.			
PENNSYLVANIA	15 H . W	VIDOWE		(1//11/1	ORD .		MD.
Bel AIR 150	OF HOSPITAL, NURSING H SUCH FACILITY, GIVE STREET ADDR O CONOW INGO	ROAI		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF PRACTICAL)	WORKING LIFE)	126. KIND OF BUS INDUSTRY NEW YORK	
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTE 136. STATE 136. COUNTY POR	D. BELLAR		YES NO	13e STREET ADDRESS 1500 · CONC	WINGO,	Road MD.	21014.
14. FATHER'S NAME FIRST MIDDLE ROBERT	McCLELLAN			WIDDLE		BLIZZĀRI	
160. WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO OR UNKNOWN) NO			BERTHA M. LEV	VIS 1500 CO			2012
Canditions, if ony, which gove rise to immediate	per line for (a), (b), ond (c) CA	RH)	Lung with metastasi	Bone s.		APPROXIMATE III	NITERVAL AND DEATH
PART 2. OTHER SIGNIFICANT CONDITIONS 19a. DATE OF OPERATION 19b. CO. 21a. ACCIDENT WAS UNDERLYING 21b. TIME	CONTRIBUTING TO DEA			20a AUTOPSY?	20b. IF YES, V	WERE FINDINGS U NG CAUSES OF D	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E OF INJURY A.M. MONTH DAY P.M. CE OF INJURY	MONTH DAY YEAR 19					
22a. 1 certify that (I) (this hospital) attended	. STREET, FACTORY OFFICE, FARM,	Jan	STREET	to 9-2	6		I) (we) lost
sow the deceosed alive on above, (I) will fill (i) and the bear of	dy after death.	`	DEGREE ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STAF	F _	22c. DATE SIGN	

18 CAU PAR Canditi gove cause underly PART 2 CERTIFICATION 19a. DAT 21a ACC OR CONT MEDICAL (IF EITH 21d. INJ WHILE AT WORK 22a.1 ce so w abo 22b. SIG 22d. PHY BelAIR Road, BelAir MD. 21014 PAREKH 23d LOCATION
CITY OF TOWN
LONG GREEN 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL MD. BALTIMORE 09-29-81 LONG GREEN VALLEY BURIAL REGISTRAR 251 REGISTRAR SSIGNATURE 250 SAFE PECAS. BY 24 FUNERAL DIRECTOR 21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

BP.

DHMH-16 30M 2/80 (VRA 15, 4)



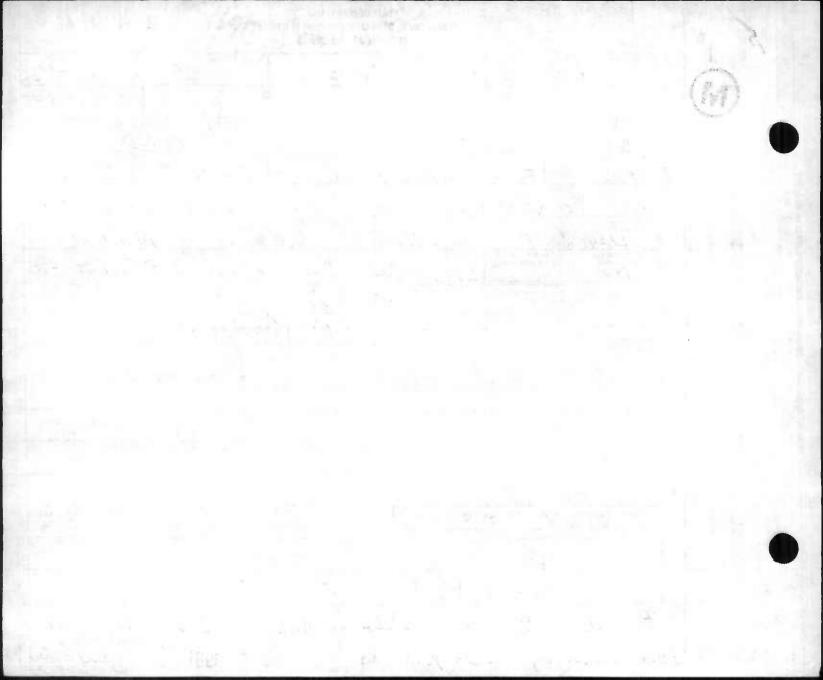
The law requires that the death certificate be executed within 24 hours after ATTENDING PHYSICIAN:

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and co should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

DHMH-16 25M (VRA 15, 4) 1/79

STATE OF MARYLAND

	1 -	REGISTRAR				CERTIF	ICATE OF D	EATH		REG. NO.			
		CEASED NAME OR PRINTI	Ruth		AIDDLE	McC	lellar	nd	2R DATE OF D	EATH M	ONTH DAY	YEAR 8/	10 PM
)	3. SE	F		RACE COL)	S DATE C	F BIRTH	YEAR 22	6 AGE (IN YEAR	S LAST BIRTHD		UNDER I YEAR	HOURS MIN.
5		RTHPLACE (STATE OR FO	PREIGN]	US	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER A	AARRIED 🙇	9 BALTIMORI	ARF	COUNTY O	FDEATH	MD
1	F	OR TOWN OF DEA		Fallsto	HOSPITAL, NURSII	TADDRESS	OSOHA	IŢUTIÓN	12r USUAL OC (TYPE OF WORK F		WORKING LIFE!	12h, KTIYO C INDUSTRY	Laing
5	138 5		136 EQUIN	THER INSTITUTION,	13c CITY OR TOX		134. INSIDE C	NO DE	130 STREETSAL	736	S GA	2/4/M	Rd
1		THER'S NAME FINST PAYE	N	100(1)	mille	Mard		MAIDEN NA	RTIE	WIDDIE	M	AThi	AI
		VAS DECEASED EVER I		AED FORCES? WAR OR DATES)	217-12	2 - 700.	2 D	AVID	M (Let	LANd	3/	ALboi	A fre
		PART I. DEATH W.	AS CAUSED		line for (a), (b), or	nd ici.	nde	rè C	mert			BETWEEN	XMATE INTERVAL LONSET AND DEATH
		Conditions, if any,			R AS A CONSEOU	JENCE OF	CA	DI	Proles	hies	X		
		gove rise to imm couse (o), stating underlying couse	nediote g the	DUE TO, OF	R AS A CONSEOU	JENCE OF							
	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN									N IN PART I (01		
1	CERTIFICATION	IVa DATE OF OPERAT	ION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOP		20h. IF YES, V IN CERTIFYII YES	NG CAUSES	NGS USED S OF DEATH?
1		21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA	AUSE OF DEAT	HOUR A.	M. MONTH D	AY YEAR	21¢ HOW IN	JURY OCCUR	RED (ENTERNATU	RE OF INJURY	IN ITEM 18, PART	1 OR PART 2)	
	MEDICAL	214 INJURY OCCURR WHILE NOT WH AT WORK AT WOR	ILE 🗀	218 PLACE (OF INJURY PEET, FACTORY, OFFICE,	FARM, ETC	21f LOCATIO STREET	N		CITY OR TOWN		COUNTY	STATE
		220.E certify that (1) sow the decease above, (1) (we) (d	d alive	9	219_	9 - or	nd that in (my)	(our) opinian	deoth occurred	on the dots	2 19 e ond hour o	nd from the	that (I) (we) lost couses stated
		226. SIGNATURE	M	al			- 1	TTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIA		22c. DATE	ESIGNED
		22d. PHYSICIAN'S NA	ME TYPE OR	JA1F	ZM.	D	220 ADDRES	316H	mfa	d P	ond		
		DURIAL DURIAL	REMOVAL	136. DATE 9/5	181 130	NAME OF C	EMETERY OR C	Valle	238 LOCAT CITY OR J	BAL	Yo	OUNTY	Mod
	Z	INERAL DIRECTOR VAHI FUNE.	alch	april 2	325 /o	RK T	Rd	250. DA	EP 4	981	CANCES	Len	Narthen



the attending physician and campletely filled in by th remove carbanpapers. Pages 1 and 2 shauld be filed

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the haspital ar attending physician

	1 -	FOR STATE REGISTRAR	DEPART	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8	2 4	J	7 1
		CEASED NAME FIRST	(nmn)	Me	(Meadows)	20. DATE OF DEATH	9-20	-81	26. HOUR 9:20 P. May
	3. SE	Eemele	White	S. DATE O		6 AGE (IN YEARS LAST BIRT	YRS.	JNDER 1 YEAR	HOURS MIN.
55		RTHPLACE (STATE OR FOREIGN COUNTRY) Entucky	76. CITIZEN OF WHAT COUNTRY USA	MARRIED AN NEVER MARRIED		P BALTIMORE CITY OR COUNTY OF DEATH			MD.
Postified	Ha	vee de Grace	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE HAP FOR A	marial	Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST O HOUSEWIT	F WORKING LIFE)	126 KIND O INDUSTRY	F BUSINESS OR
ed isom	USUAL RESIDENCE (IF NURSING HOME 130, STATE 13b, CO Maryland Har 14. FATHER'S NAME FIRST FIRST		NTY 13c. CITY OR TO	YN 13d. INSIDE CITY LIMITS? YES \(\text{NO}\)		130. STREET ADDRESS 2607 Philadelphia Road			d
20		Alvis — Gibso			15. MOTHER'S MAIDEN NA/ Mary	Elizabeth		otson	ī
e medical	(1		rmed forces? 166 Social Sec ve war or dates) 215–32–7	7831	Willie L. Cro	ADDRE Ookshanks , 20		ewood ladel	, Md. ohia Rd
y, ar ather traumatic event, the		Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF TO, OR TO, OR AS A CONSEQUENCE OF TO, OR TO,	JENCE OF	ND / The	ual y	242	IN PART 110	3)
ows ony injur	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO					AGS USED OF DEATH?
Hem 18 sh	CAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	1 OR PART 2}	
marked ar 1	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	WH	COUNTY	STATE
21 is		saw the deceased alive or	oital) attended the deceased from 19 at) view the body after death.		nd that in (my) (aur) apinian a	, to death occurred on the do	te and hour or		that (I) (we) last couses stated
ZT: # #en		22b. SIGNATURE	real			MEDICAL STAP	F IAN 🗌	9-)	SIGNED 40-f1
MPORTANT: If Item		22d CHYSICIAN'S NAME (TYPE	CALON		611 S. W	on Ane,	Hour	e do c	Free pol.
_	230. 8	BURIAL, CREMATION, REMOVAI (SPECIFY) Burial	23b. DATE 23c. Sept. 24, 1981 C		emetery or crematory ry Memorial Ce	23d LOCATION CITY OR TOWN Abingdo	on Har	ford	Md.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

BP. DHMH-16 30M 2/80 (VRA 15, 4)

Howard K. McComas III, Abingdon, Md.



FOR

REGISTRAR

- STATE

DHMH-16 30M 2/80 (VRA 15, 4)

9 BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Electronics/Ret Phila. Blv'd. Aberdeen PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO | YES 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SJGNED St.Pauls Lutheran Aberdeen Buri.a. Harford 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. HED .A. Aberdeen Md. 21001 Home . P

TATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

DAYS

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	1 -	FOR STATE REGISTRAR		DEPARTA		TH AND MENTAL HYC		G. NO.	9 U	/ 3
	{TYPE	OR PRINT) A FIRST		Lewis	Mon	stulle	20. DATE OF DEA	Sept 1	AY YEAR 1481	2b. HOUR PM
urs	3. SEX	Male	4. RACE	hite	S. DATE OF BIR	DAY YEAR 10 - 1904	6 AGE (IN YEARS LA	YRS	ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
he funerol di within 72 ho fied at once.		RTHPLACE (STATE OR FOREIGN	US		WIDOWED			TY OR COUNTY	arford	MD
by the filed wi	Ha	WE de Grace	Hartore	HOSPITAL, NURSIN IGH FACILITY, GIVE STREET TCMEN	ADDRESS)	SP	120 USUAL OCCU	OST OF WORKING LIFE	INDUSTRY	red
y filled should should should	13a. S	AL RESIDENCE (IF NURSING HOME C TATE 13b, COU		13, CITY OR TOW	GACE YES	INSIDE CITY LIMITS?	13e. STREET ADDR	riles 5	To	
camplete 1 and 2		THER'S NAME FIRST	MIDDLE 1	10NTVI	16	AGTHER'S MAIDEN NA	MIDE		Link	1.
icion and coers. Pages il.		/AS DECEASED EVERIN U.S. A JES, NO ORUNKNOWN) (IF YES, G	IVE WAR OR DATES)	080 - 03	17. 17. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	PEH MONT	VILLE	SA.		MATE INTERVAL
red by the offending phys please remove carbonpop urial, cremation, or remove v, or other traumatic event,		Conditions, if dny, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, C DUE TO, C DUE TO, C (c)	DR AS A CONSEQUE	ENCE OF	a of	Lung			
been sign rmit. Then prior to b any injury	CERTIFICATION	PART 29 OTHER SIGNIFICANT OB-	truct	ONTRIBUTING TO E	mora	y Dis	INAL DISEASE OR (5 C S C C C C C C C C C C C C C C C C C	20b. IF YES, IN CERTIFY	WERE FINDIN	helli J
or offending physician. After this certificate has e as the burial-transit pe oith and Mental Hygiene marked or Item 18 shows	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING USE EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE WHILE AT WORK	ATH HOUR A	OF INJURY .M. MONTH DA .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, F	19 21f.	HOW INJURY OCCUR LOCATION STREET		FINJURY IN ITEM 18 PA	COUNTY	STATE
e hospital DIRECTOR: Iched for us Dept. af He		220.1 certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did) (did no 271. SIGNATURE	Sept	11 198	DEGR	ATTENDING	/	he date and hour	and from the c	SIGNED
to FUNERAL Should be deto with the Stote		22d. PHYSICIAN'S NAME (TYPE	CR (PINT)	valur	22e	ADDRESS	DIRECTOR PH	YSICIAN [9-1	2-81

STATE OF MARYLAND

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN

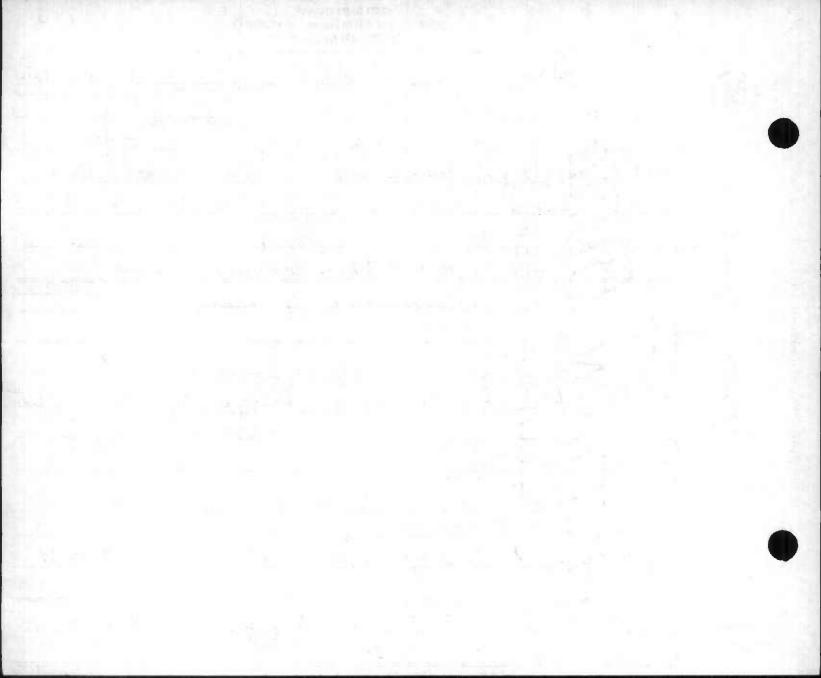
DHMH-16 30M 2/80 (VRA 15, 4)

BP.

230. BURIAL, CREMATION, REMOVAL

24. FUNERAL DIRECTOR

23b. DATE



STATE OF MARYLAND

Authoria Civilai Authoria Marchaella Authoria 025 68 4514 Woodlawn Funeral Homes, P. J.

History W. January 1 Co.

History W. January 1 Co.

None Co.

None

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral dishauld be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be filled within 72 has with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1-	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 1 2	4075
		CEASED NAME FIRS	ST MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
1.74	(1117		rene	Perry	9	12 81 8:35 M
	3. SE	Х	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		Female	White	1 10 1909	72 YRS.	MONTHS DAYS HOURS MIN.
e e		IRTHPLACE (STATE OR FOREIGH	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
5		Maryland	USA	WIDOWED DIVORCED	Harford	MD.
Ped		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
notify (Ha	avre de Grace			Homemaker	Home
of the	USU.		OME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE		13e. STREET ADDRESS	110110
TO S				e Graderes & NO	316 St. John St	reet
niner	_	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME	
18 L		Edgar	Porter	Sallie	WIDDLE	Porter
icol		VAS DECEASED EVER IN U.	.S. ARMED FORCES? 16b. SOCIAL SECU	IDITY NO. 17 INFORMANT	ADDRESS	
medico		No	YES, GIVE WAR OR DATES) 216-48-3	3751 Robert L.Peri	rv.677 Bourbon St	ryland 21078 t. Havre de Grace
ry, or other traumatic event, th		Conditions, if ony, whingove rise to immedio couse (a), stating the underlying couse los	DUE TO, OR AS A CONSEQUE the DUE TO, OR AS A CONSEQUE the DUE TO, OR AS A CONSEQUE	FIGE DECI	mpensation	2-3 clays 2-3 years VEN IN PART IIO
olui kuo s	CERTIFICATION	EN DATE OF OPERATION	THE CONDITION FOR WHICH	OPERATION WAS PERFORMED		S, WERE FINDINGS USED IFYING CAUSES OF DEATH?
Show	RTI	71a ACCIDENT WAS UNDERLYIN	NG 21b TIME OF INJURY	In now house a	YES NO	B NO U
8 C		OR CONTRIBUTING CAUSE		AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
Hen	ICA	(IF EITHER NOTIFY MEDICAL EXA		19		
o pa	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AFHOME STREET, FACTORY, OFFICE, F.	ARM, ETC.) 211. LOCATION STREET	CHYORIOWN	COUNTY STATE
orked		AT WORK		1-12	Sept 120	0.1
21 is m	-	sow the deceased ali	hospital extended by deceased from	, and that in (my) (our) opinion	death accurred in the date and ha	ur and from the contest stated
NT. # Rea		776 SIGNATURE	Del CLEBU	DEGREE ATTENDING PHYSICIAN ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9/13/9/
MPORTANT		E DWAR	DCLOO, M	D. Haure	de Epace	And 21078

BP.

retained by the haspital

24 FUNERAL DIRECTOR DHMH-16 30M 2/80 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial 9/16/81 Angel Hill Cemetery Have Funeral Director
Tarring Funeral Home, P.A., Aberdeen, Md. 21001-3399

23b. DATE

23c. NAME OF CEMÉTERY OR CREMATORY

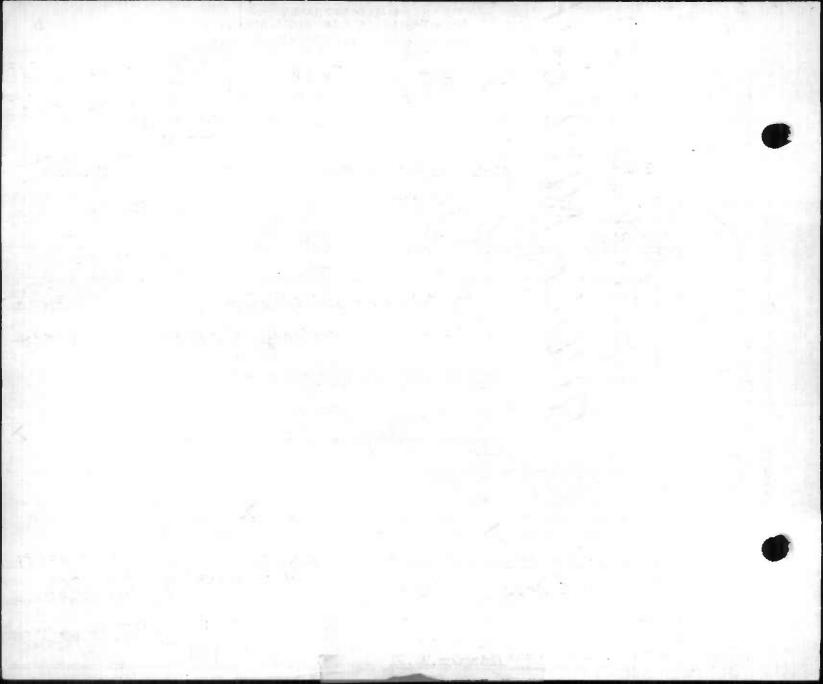
123d. LOCATION
Havre de Grace Harrord Maryland
ECD. BY REGISTRAR 25b. RECYSTRAP & EIGHATURE

SV 911 1 911 911 terioritation and the second s parties a seriord three on twee x and grant open accent eille unic. 202200 216-46-3/31 o est L.Perer, tV combos to., ours de Guiso

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15M 2/80

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11-	FOR STATE REGISTRAR				MENT OF H				100	н	DEC 1	2 4	J	/	0
1. DE	CEASED NAME E OR PRINT)	FIRST		MIDDLE		LAST				. DATE K	REG. I		H DAY	YEAR	2b HC
11			192	Penn		Pi	-01	,		OF DEATH	ESTI- MATED	9-	22	198/	2,3
3. SE)	0.4	ACE S. Lack 1	DATE OF BIRTH	O3 YEAR	6. AGE (IN YEAR) LAST BIRTHDAY 77 YRS	MONTHS		HOURS		DATE ONOUNG DEAD	CED	MONTH 9-	22	19 87	2d H
7a. BI	RTHPLACE (STATE	OR 7b.	USA	HAT COUN	TRY?	MARRIED	_	R MARRIE DIVORCE	D	BALTIMO		OR COU	NTY OF C		1.7
10. CI	TY OR TOWN OF I		NAME OF HOS	SPITAL, NUF	RSING HOME.	OR OTHER IN	NSTITUTIO		12a. USUA		ATION (I	YPE OF WOR	K 12b KII	ND OF BURNINGS	SINES
USUA	L RESIDENCE (IF IF	NURSING HOME OR OT	HER INSTITUTION, GI	VE RESIDENCE	BEFORE ADMISSION	1)	INSIDE CITY	LIMITCO	13e STREE				pvid.	State	7
	Wd.	Harford		BeI	Air		-	NO 🗆				wild	St.		
-	ornelius	M	IDDLE	Pug	h h		MOTHER' FIRS	S MAIDE	NAME	MIC	DDLE			last Bey	
{Y	VAS DECEASED EV ES, NO, OR UNKNOWN) NO	(IF YES, GIVE WAR None	FORCES? OR DATES)		11 SECURITY 103-1220	NO. 17. I	NFORMA amie		ugh B	02-1		lewil	d St		
NO	lying cause le	CANT CONDITIONS <u>Con</u> t	(c)	BUT NOT RELA	TEO TO THE TERMIN	AL DISEASE OR C	ONDITION G	SIVEN IN PAR	T I to						
CERTIFICATION	190. DATE OF OP	ERATION	196 CONDI	TION FOR V	WHICH OPERA	TION WAS P	ERFORM	ED?						UTOPSY:	
CAL CERT	210. EXTERNAL C UNDERLYING CONTRIBUTING			. MONTH	DAY YEAR	21c HOW I	NJURY O	CCURRED) JENTER NA	TURE OF INJU	RY IN ITEM	B PART I OR I		res 📙	NO
MEDICAL	21d INJURY OCC WHILE NAT WORK A	URRED OT WHILE	21e PLACE (STREET, FAC	OF INJURY TORY, FARM, ET	(AT HOME.	211 LOCATI STREET	ON		(CITY OR TOW	'n	C	COUNTY		ST
	220. I certify the	at I taak charge af ram: Natural c	N	cribed aba	ve, held an	Autapsy [Hamicid	Inspection	4	Inquiry (and in my	apınıan		
	ACTUAL SIGNATURE	lanue	2/.	Jen	ek	M.D	N S	puty	MEDIC	AL EXAMI	NER	DATI		/22	18
	EXAMINER'S NA (TYPE OR PRINT)	ME Sam	vel H	1. H.	enck	M. DADDI	RESS	TW.	hite	For	eh d	ma	20/2	Rd!	•
В	urial, cremation	9-	25–81		iame of ceme k Grove			Y	Pel	ATION TOWN Air		Harf	ord	st Mc	ATE
	NERAL DIRECTO				okesbury		250	o. DATE RI		1981	101	GISTRAR	SIGNA	Plant	en



requires that the death certificate be ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

TO HOSPITA

BP.

DHMH-16 25M (VRA 15, 4) 1/79

tely filled to by the funeral direct should be filled within 72 bours.

completery 1 and 2 sho

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici in should be detached for use as the burial-transit permit. Then please remove carbon papers. It with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event. FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

- 1		REGISTRAR		CERTIT	ICAIL OI DEATH	REG	NO.					
V	DEC	CEASED NAME FIRST	WIDDLE	7	AST	28 DATE OF DEATH	MONTH	DAY	YEAR	26. HOL	JR	
1	1111	Flor	ence MICHAEL	P115	sev		9	15	81	8;2	23 A	
Ø.	SEX	X	4 RACE	5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST	BIRTHOAY)	MONTHS	R I YEAR	IF UNDER	24 HRS	
		F,	W/-	DE	1005	93	YRS		DAYS	HOURS	Wild	
F		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	- O	BALTIMORE CIT	Y OR COUN	TY OF DE	ATH			
H		M DI	4.5. A.	WIDOWE	D NEVER MARRIED	Harfo	ord				MD.	
	0 CI	ITY OR TOWN OF DEATH MICE	11. NAME OF HOSPITAL, NURS		OR OTHER INSTITUTION	120 USUAL OCCUP				F BUSINI	SS OR	
\wedge	-	vre de Grace	(IF NOT IN SUCH FACILITY, GIVE STREET Citizens Nu		L Homo	HONE OF WORK FOR MO			USTRY	ME		
	USU/	AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)		1						
51	134 5	MD HAG	0 Aut	wn Eek	134. INSIDE CITY LIMITS?	130 STREET ADDRES	14005	FT	-/14	M		
1	4. FA	THER'S NAME	MARKO.	-1714	15 MOTHER'S MAIDEN NAM		17000	ا بي د	77"	741		
2)		FIRST /:	MIDDLE AND LAST	-1	ANVINE E	LORENO	-	<	145	TH		
4	A. W	AS DECEASED EVER IN U.S. AS	RMED FORCES? III SOCIAL SEC	URITY NO.	17 INFORMANT	AD	DRESS /	DYE	111 (111	100	
- [E WAR OR DATES)	GGII	M. CLADEN	P P . E	11	9	11	54	IN.	
-			W12.48	-1776	114. CLITETIC	FUIDSE	7	$\widehat{}$	APPROX.	CANADA CONTRACTOR	DVAL	
		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly ane couse per line for (a), (b), a ED BY	0 V	- +10 . 11	2			ETWEEN	MATE INTE	DEATH	
		I I MAEDIA	TE CAUSE (0) CEVE	evel	annow	More			210	YR	5	
	43 71 DUE TO, OR AS A CONSEQUENCE OF											
-1		Canditions, if any, which	(b)									
1		gove rise to immediate couse to), stating the	DUE TO, OR AS A CONSEQU	IENCE OF								
		underlying couse lost. (Ic)										
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE OR C	ONDITION G	IVEN IN	PART 1(c	0 1		
	CERTIFICATION	antlinos	clerotic lo	net 1	liseare							
	CAT	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF Y	ES, WER	FINDIN	IGS USE	D	
7	TIFK		-			IN CERTIFYING CAUSES OF DEATH? YES NO YES NO						
1	E S	210. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCURR	IRRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)						
		OR CONTRIBUTING CAUSE OF DE	AIR	DAY YEAR								
	WEDICAL	1# EITHER, NOTIFY MEDICAL EXAMINER 214 INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	21f. LOCATION					_		
-1	ME	WHILE IT NOT WHILE IT	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.	STREET	CITY OR	TOWN	COL	YTAL	S'	TATE	
-1		AT WORK		Sola	22 71	Coss	15		-			
		saw the deceased alive ar	sal) attended the deceased from	81	d shed in (mu) Durk position of			. 19_0		that (I) (
		obove, (1) (well (bid) (did no	ot) view the body ofter death.	-	nd that in (my) (out) apinian d	leath accurred on th	e date and h				ated	
		226. SIGNATURE	DO 1-	()	DEGREE ATTENDING /	MEDICAL S	TAFF	27	C. DATE	SIGNED	~1	
		(3.1	I lundelle	X	h I PHYSICIAN	DIRECTOR PHY	SICIAN		4-1	6-1	1	
		224. PHYSICIAN'S NAME ITYPE	OR PRINT)		22e ADDRESS							
		Mary Company										
		BURIAL, CREMATION, REMOVAL	. 23b. DATE £ 23c	NAME OF C	EMETERY OR CREMATORY	234. LOCATION					ATE	
	- (5	SPECIFY BURIAL	SEPT. 18. 81 (PONV	E CEM:	4BERD	EEN .	HAR	FORE		1D	
1	4 FL	UNERAL DIRECTOR		1 7 2 4	25e. DATE	9 1 1				1		
	11	ITCHEILE.	HDA A WIPF	NE F	ONET /MA	CED 0 1 1	11 . 5	2	0.	Ma	silven	
F	10	I CHELL !	T. T. C. TONL	4641	ME MIDI		101	7 mm	1		- N	

1 -	FOR STATE REGISTRAR
DEC	EASED NAM

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

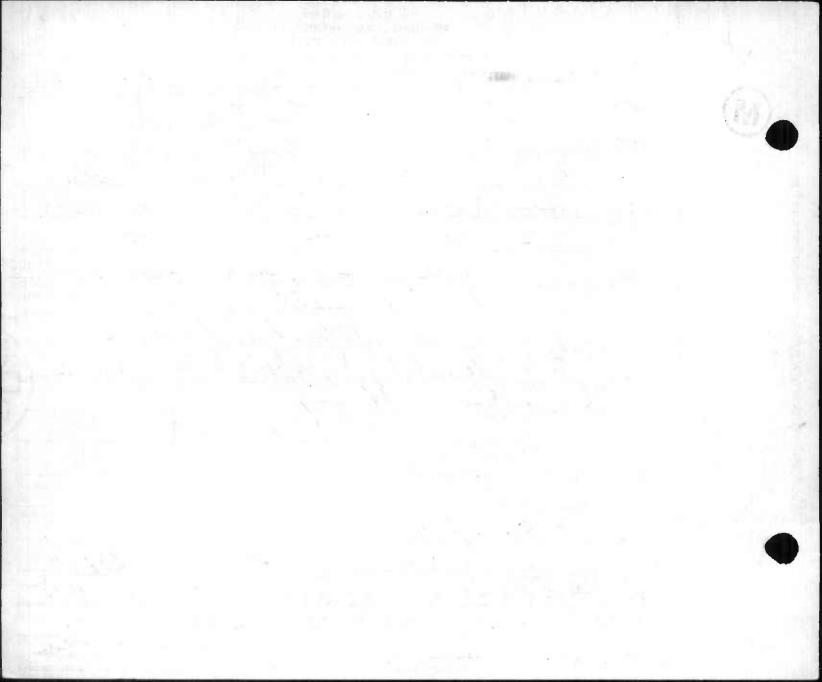
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(C) -				

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
I. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
LAWRENC	CE: WILLIAM	PYLE	9	-19-81 2:00P
3. SEX	White	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE HOURS MIN
Male	white	Sept. 15, 1900		RS.
76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTR USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	- HADENDE	NTY OF DEATH
10. CITY OR TOWN OF DEATH HARVE-deGRACE	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR CITIZENS NU	SING HOME OR OTHER INSTITUTION REFIADORESSI RSING HOME	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Farmer	NG LIFE) 12b. KIND OF BUSINESS C INDUSTRY Agric.
Maryland Haj		13d. INSIDE CITY LIMITS	3507 Jarrettsv	ville Pike
14. FATHER'S NAME FIRST Joseph	Pyle	15. MOTHER'S MAIDEN Julia	A. MIDDLE M	artin
160. WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? 166. SOCIAL SE 218–14-		Pyle, 1347 Coopt	Md own Rd.Forest H
	only one couse per live for (o), (b), SED BY: ATE CAUSE (o) DUE TO, OR AS A CONSEC	DUENCE OF Chatrue	Sour buf &	Bene.
NO LEGITIER SIGNIFICANT IND. DATE OF OPERATION 218. ACCIDENT WAS UNDERSTORG	T CONDITIONS CONTRIBUTING 1	mffamy		FYES, WERE FINDINGS USED RITEFING CAUSES OF DEATH?
TIE ACCEPIT WAS UNDERLYING OF CONTRIBUTING CAUSE OF CONTRIBUTING TO AUSE OF CONTRIBUTING TO AUSE OF CONTRIBUTING OF CONTRIBUTI	And the second s	DAY YEAR 19 211 LOCATION	CURRED (1947)8 SAFUME OR SHURY SHIFTS	4 (R. PART (DR PART 3)
AND AND THE PROPERTY OF THE PR	(AT HOME LINES I FACTORY OFFICE		CHYDRIOWN	COUNTY STATE
saw the deceased allow	E OR PRINT)	DEGREE ATTENDIN PHYSICIA 22e ADDRESS	io men death accurred on the date and is staff in Director Physician	DATE SIGNED
23a BURIAL, CREMATION, REMOVA	AL 23b. DATE 23	1. D. Sy So. Un BelAir Memorial Ga		rford Md. STATE
24 FUNERAL DIRECTOR HOWard K. McComa	s III, Abingdon		DATE REC'D. BY REGISTRAR 256 RESEP 22 1981	1/2/1/20

DHMH- 16 30M 2/80 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the furshould be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filed within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.



requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fushould be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the

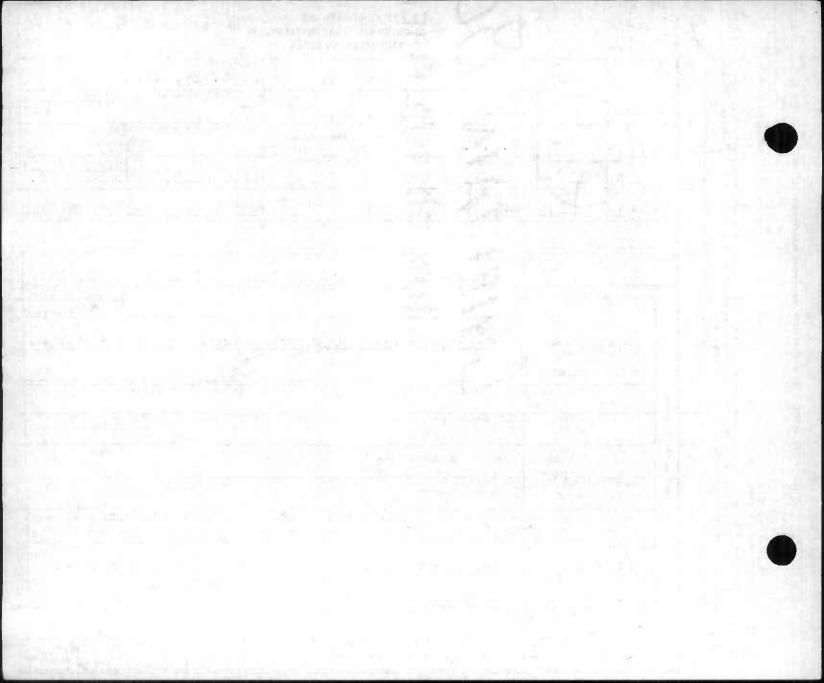
IMPORTANT: If them 21 is marked or Item 18 shows ony

STATE OF MARYLAND

1-	FOR STATE REGISTRAR	DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	2 4	υ	7 9	
	CEASED NAME FIRST Flora	WIDDLE	Ree	AST .	Sept. 29	MONTH DAY	YEAR 2	b HOUR	
								M	
3. SE	emale	Caucasian	Apr.		6 AGE (IN YEARS LAST BIR	THDAY) IF UNI		FUNDER 24 MRS	
	RTHPLACE (STATE OR FOREIGN TYLand	U.S.A.	MARRIED WIDOWE	NEVER MARRIED DE DIVORCED	Harford County				
-	rest Hill	11. NAME OF HOSPITAL, NURSIN (BENOT IN SUCH FACILITY, GIVE STREET, 800 Yvette I			or working life) In Open.	Lamr	n Co.		
13a. S	AL RESIDENCE (IF NURSING HOME OR ITATE 136 COUNTY BAL	other distitution, give residence before ITY / P 13c. CITY OR TOWN	ADMISSION) Hill	13d Inside City Limits?	13e STREET ADDRESS 800 Yvett				
	THER'S NAME William Dell	MIDDLE LAST		15. MOTHER'S MAIDEN NAM Anna	WE	Bis	LAST		
	VAS DECEASED EVER IN U.S. AR	F WAR OR DATES)		17. INFORMANT	ADDRE				
	No	217-16-0	986	Raymond Re	eed 509 (Garnett		21085	
	PART I. DEATH WAS CAUSE	ly ane couse per line for (o), (b), and DBY: E CAUSE (a)					BETWEEN ON	SET AND DEATH 2 Mon H.	
	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF								
N		((c) CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN IN	PART 1(a)		
CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION	N WAS PERFORMED	200. AUTOPSY? 20b. IF YES, WERE FINDINGS U. IN CERTIFYING CAUSES OF DE YES NO				
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	OR PART 2)		
MEDICAL	21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	ARM, ETC)	211. LOCATION STREET	CITY OR TO	NWC (YINUO	STATE	
	220.1 certify that (I) (this haspi sow the deceosed alive on above, (I) (we) (did) (did na	AU9 18 10 8		nd that in (my) (auc) opinion of	to Aug death accurred on the d			at (1) (we) lost uses stated	
	22b. SIGNATURE CELLLONS	Ce. Lewandon	slei'	M.D ATTENDING PHYSICIAN	MEDICAL STA	FF	22c DATE SI		
	Dr. Anthony	Lewandowski		7402 York	Rd. Tows	102 on, Md.	2120	04	
23a. B	Burial, CREMATION, REMOVAL SPECERY Burial	10/3/81	Garde	emetery or crematory ens of Faith	n Baltin	more, N	ľď.	STATE	
24. FL	INFRALDIRECTOR OCIL	imunek Funera aBalto.,^^^Md	. 212	113-1899 110 1250. DAT	E REC'D. BY REGISTRAR	756 REGISTRAP	SIGNATU	Varthen	

BP. DHMH-16 30M 2/80 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physicion.

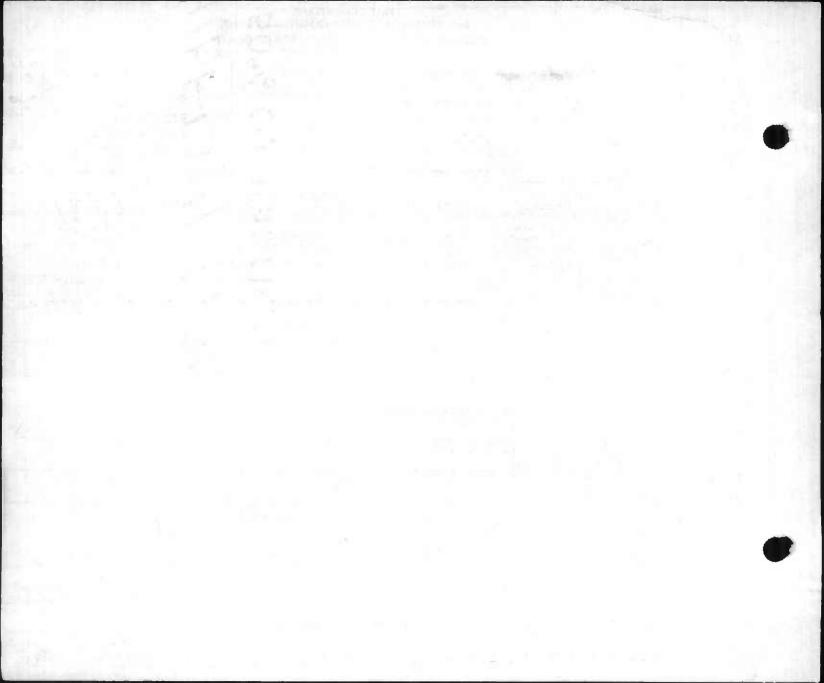


BP_ **DHMH-17** (VR A15 ME (5)) 15M 2/80

			FMARY			
DEPART	MENT	OF HEA	LTH AND	MENTAL	HY	GIENE
MEDICAL	EXAM	AINER'	S CERT	IFICATE	OF	DEATH

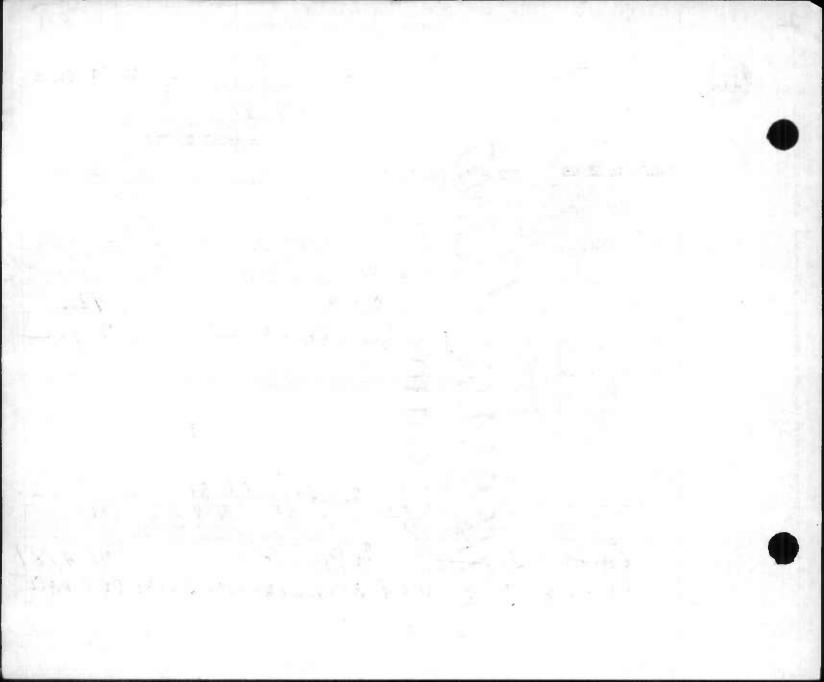
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	1 -	FOR STATE			EPARTMENT OF		AND ME				2	4	0 8	0
		REGISTRAR CEASED NAME	FIRST	77120	WIDDLE	AEK 3	LAST	AIL O		, P	WN N	MONTH [DAY YEAR	7b HOUR
	(TYPI	E OR PRINT)	Fred	cı	arence	50	chroe	der		OF ES	TI-	9 - 1:	2 1981	7.20 P. M
	3. SEX		V S	DATE OF BIRTH	923 6. AGE (IN YE	PAY) MONT		HOURS		DATE DNOUNCED DEAD		9-12	DAY YEAR	2d'HOUR
6	FO	RTHPLACE ISTATE OR REIGN COUNTRY)	7	U.S.A		8 MARR WIDOV	IED X NEV	ER MARRIE DIVORCE	ED 📙	BALTIMORE Har	city or o			
2	10. CI	TY OR TOWN OF DE	ATH I	(IF NOT IN SUCH FAC	ITAL, NURSING HOM HITY, GIVE STREET ADDRESS) General				12a USUAL	OCCUPATION OF WORKING	ON (TYPE OF	WORK 12b	OR INDUST	RY
5	USUA 13a. S1		JRSING HOME OR I	OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISS 136. CITY OR TOWN Bel Air	(NON)	13d INSIDE CIT	Y LIMITS?	13e STREET		er Tr			- 5 - 1
7	14. FA	THER'S NAME		MIDDLE	Schroede	r	15. MOTHER	'S MAIDE	N NAME	MIDDLE			Graff	
	16a. W	red Vas deceased ever	IN U.S. ARME	arl ED FORCES?	166 SOCIAL SECURIT		17. INFORM	-	10	AI	DDRESS			
		es, no, or unknown) Yes	WW II		395/14/434	46	Mary	Cleo	Schro	eder	same	as 1	3e.	
	Z	Canditians, it gave rise to cause (o) statin lying cause last	immediate g the <u>under</u> -	DUE TO, OR A (b) DUE TO, OR A	AS A CONSEQUENCE AS A CONSEQUENCE UT HOT RELATED TO THE TERM	OF								
2	CERTIFICATION	19a. DATE OF OPER	ATION	196 CONDITI	ON FOR WHICH OPER	ration w	AS PERFORM	NED?					20 AUTOPSY	?
3	CAL CERTIF	210. EXTERNAL CAU UNDERLYING CONTRIBUTING	OR		INJURY MONTH DAY YEA		OW INJURY (OCCURRED	O (ENTER NATU	JRE OF INJURY IN	ITEM 18 PART	OR PART 2	YES []	NO DA
	MEDICAL	21d. INJURY OCCUR WHILE NOT AT WORK AT V	RED WHILE	21e PLACE O STREET, FACTO	FINJURY (AT HOME, DRY, FARM, ETC.)		CATION		CI	ITY OR TOWN		COUNT	Y	STATE
			I taak chorge		ribed obove, held an Accident , Si	Autop	Homici		Undeterm	Inquiry Inquire		DATE SIGNED	9/13	181
7		EXAMINER'S NAME	Jam		Henck		ADDRESS	72/1	itet.	eeler ord,	Scho		d: 21	160
	(5	URIAL, CREMATION, I			23c. NAME OF CE				23d. LOCA CITY OR TO	OWN	1	COUNTY		TATE
		remation	19	/14/1981	Green Me	ount			Bal	timore	REG Man	cylan	NATURE	
		NAME	ks Brad	lley Inc.	Balto., Me	d. 21		SE		1981	Prince	Que.	in Tiaits	hen



2	W. PRESTON ST., BALI	W. PRESTON ST., BALTIMORE, MARYLAND 21201	2
			*
-	t the deoth certificate k	the death certificate be executed within 24 hours offer death. Page 4 may be	
-	the attending physicia	the attending physician and campletely filled in by the funeral director, page 2	

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME FIRST 20. DATE OF DEATH MONTH YEAR 2b HOUR (TYPE OR PRINT) VIRGINIA SCHUSTER 9 14 81 4 RACE IF UNDER I YEAR IF UNDER 24 HRS 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) DEC. 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE MARRIED NEVER MARRIED COUNTRY) HARFORD COUNTY WIDOWED X DIVORCED [10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR HOME HARVE DE GRACE OMEMAKER 13e STREET ADDRESS JEFFFRSON NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE HOMAS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF please underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) CERTIFICATION ony 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 70b. IF YES, WERE FINDINGS USED pr IN CERTIFYING CAUSES OF DEATH? riol-tronsit perr NO YES NO T shov 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 19 0 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from DIRECTOR: saw the decrosed alive on above, (1) (we) (shd) (did not) wew the body and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STATE
PHYSICIAN DIRECTOR PHYSICIAN TO FUNERAL MPORTANT. 512 BOURBONSTI HAURE P 24 FUNERAL DIRECTOR REGISTRARIZS NEGISTRAR'S SIGNATURE DHMH-16 30M 2/80 (VRA 15, 4)



				STA	TE OF MARYLAND	6% 1		75 10
X.	1 -	FOR STATE			HEALTH AND MENTAL HY	GIENE &	240	8 2
		REGISTRAR		CERTI	FICATE OF DEATH	REG. N	0.	
/		CEASED NAME FIRST	WIDOFE		LAST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOURS
3	(TYPE	OR PRINT)	6 (1)		Ca.4L	19-st sales	120 1901	12 30
	3. SE	70366	1 RACE	62262	OF BIRTH	6 AGE TIN YEARS LAST BIR	THOAY) IF UNDER I YEA	P IF HINDER 24 MPS
- 91	3. SE.	111	RACE	MON		AGE TINTEASTAST SIN	MONTHS DAYS	
		Male	Black	He	ne 9, 1914	01	YRS.	
20		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY?	ED NEVER MARRIED	9 BALTIMORE CITY C	OR COUNTY OF DEATH	
つり	0	Md	11.5.6		ED DIVORCED	Harta	cd	MD.
	HI. C	TY OR TOWN OF DEATH		AL, NURSING HOME	OR OTHER INSTITUTION	THE USUAL OCCUPAT		OF BUSINESS OR
ol.	11	A	(IF NOT IN SUCH FACILIT	Y, GIVE STREET ADDRESS)	Hart Lat	Trapt	or your ing LIFE) INDUSTR	PH
N. 80		AL RESIDENCE (IF NURSING HOME O	TAR TON	T INGW.	HOSPITOI	1001	Tr us	11/21
DE	13a. S	STATE 13h COU	NIY [13c. CI	TY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	10	
20		Md. Har	tord Ha	rede STAC	YES NO	2403 M	ost KoAd	
0	14. FA	THER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	MIDDLE		AST
20		Henny	Co	att	Sophie			ASI
	16a. V	VAS DECEASED EVER N U.S. A	RMED FORCES? 166. SC	CIAL SECURITY NO.	17 INFORMANT	ADDE	E55	1
	- (YE ORUNKNOWN) (IF YES, G	105 /	187973	Virnitta K	Jorsey B	altimore.	mal
	-	4~	11 1/1/1	0101110	Co Dicecto In	110	12007	XIMATE INTERVAL
	113	PART I. DEATH WAS CAUS	inly ane cause per fine for	(1), opa (1)			BETWEE	N ONSET AND DEATH
			TE CAUSE (a)					
2		4866	DUE TO, O AS	CONSEQUENCE OF)			
	7	Conditions, if any, which	((b)	neun	Lonia			
		gave rise to immediate cause (a), stating the						
		underlying couse lost.	DUE TO, OR AS A	CONSEQUENCE OF				
,		DARTA OTHER CIONISIS AND	(c)	117 10 10 0F 171 01	TAKOT DELLATED TO THE TERM		DE 1011 DE 1011 DE 1011	
	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIB	UTING TO DEATH BU	I NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART	I(a)
	은							
G	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION F	OR WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	
	1					YES NO	YES	NO 🗆
0	H.	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJU		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART 1 OR PART 2	
1	AL	OR CONTRIBUTING CAUSE OF DE	AIII	ONTH DAY YEAR				
-	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJ		, 211 LOCATION			
3	AE.	WHILE NOT WHILE		ORY, OFFICE FARM THE	ing.	ATY OR TO	OWN	STATE
		AT WORK	1 /	1.191	26/01	7/20	101	
2		22a.l certify that (I) (this hosp	1111	11 1	0/0/0	, ta		, that (I) (we) last
4		saw the deceased alive a abave, (I) (we) (did) (did n		eath	and that in (my) (Gur) opinion	death accurred on the d	ate and hour and from th	ne eauses stated
		22b. SIGNATUIT	0/	/	DEGREE	۸.	12004	51905
		total	(1) 4	in	ATTENDING PHYSICIAN	MEDICAL STA		18/0
		THE PHYLICIAN'S NAME (TYPE	OR PRINT)	1	224. ADDR955			1
	(1 / 14	NDV	1(11)	House	1 do a	The W	Cel
-	-			4/0	Jane		74, //	
	23o. 8	BURNAL, CREMATION, REMOVA	1 236. DATE		CEMETERY OF CREMATORY	23d LOCATION	1) couple	O MATATE (

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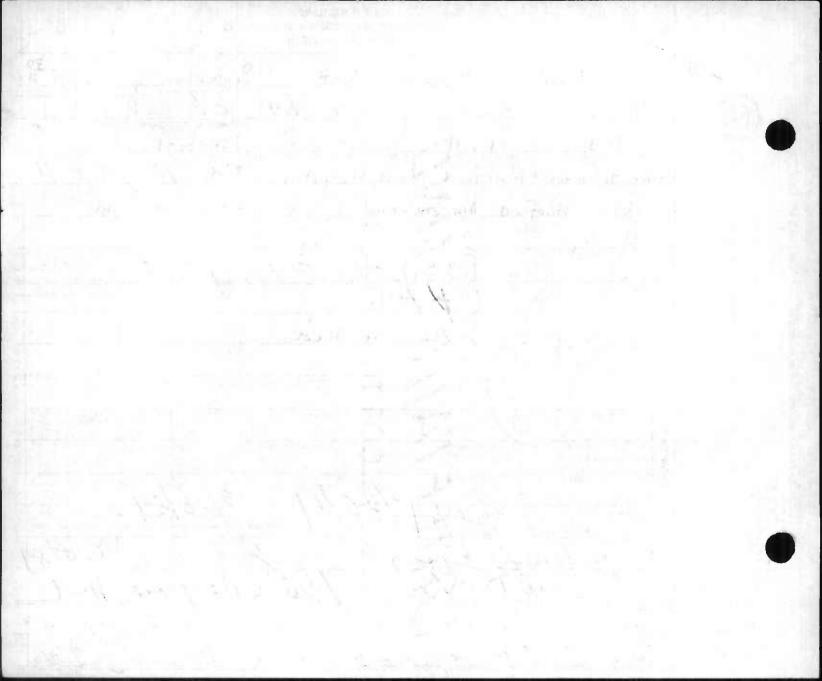
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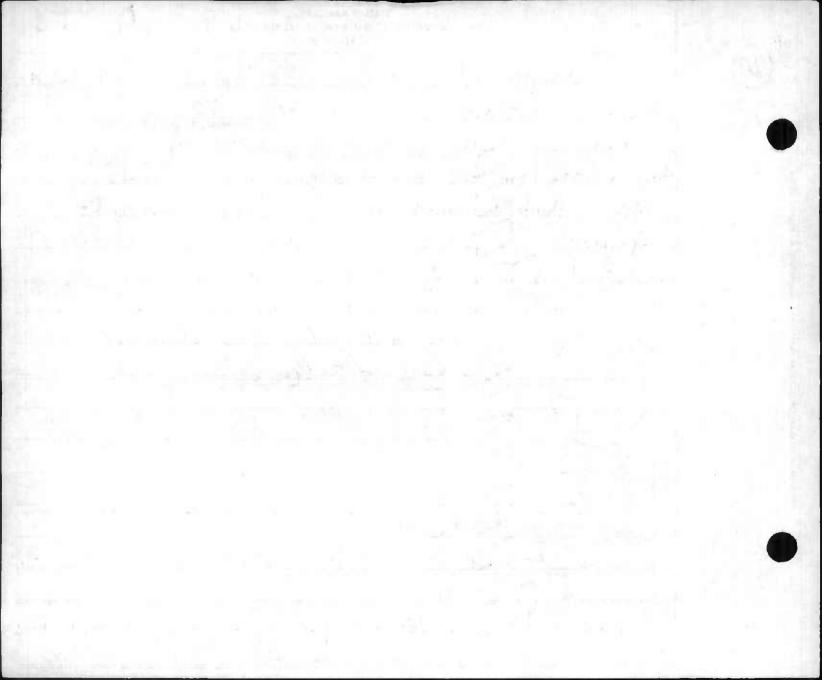
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove corbanpopers. Pages 1 and 2 should be tilled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 happy

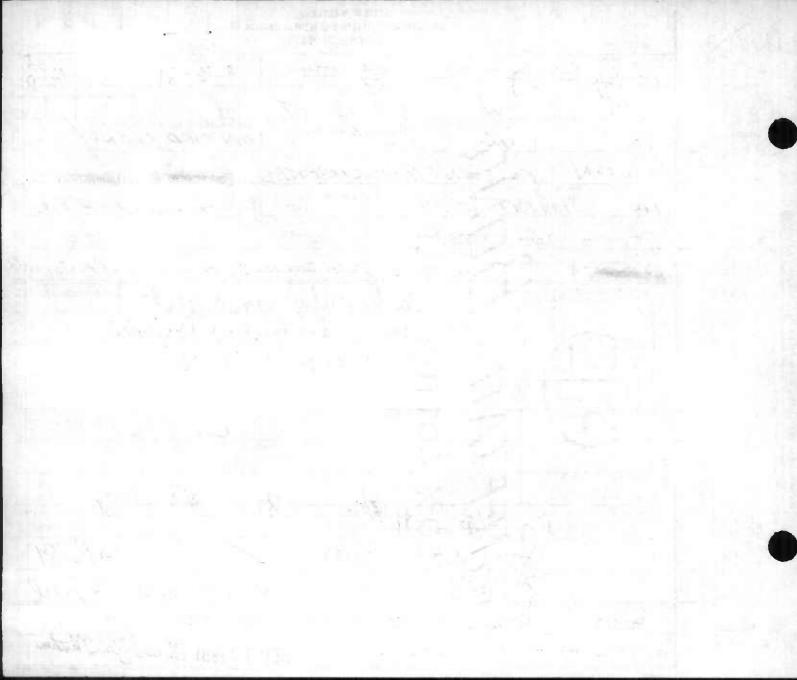
retained by the haspital ar attending physician.



1 2		FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H	YGIENE 8 1 2 4 0 8 3
_		STATE REGISTRAR FASED NAME FIRST	CERTIFICATE OF DEATH	REG. NO. 2a. DATE OF DEATH MONTH DAY YEAR 2b. HOUR.
		EASED NAME FIRST JOSEP	1 00 56	Sentember 16 1981 3 A
3.	SEX	Note	RACE S. DATE OF BIRTH Black S. DATE OF BIRTH MONJEY DAY YEAR 191	6. AGE IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DATS HOURS MIN
22		THPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED VIVORCED (9. BALTIMORE CITY OR COUNTY OF DEATH
of the det), CIT	Y OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) RETITED HELDERINE 12b. KIND OF BUSINESS OF MOST OF WORKING LIFE) INDUSTRY
must be	JŚUA 3a. Sī	LRESIDENCE (IF NURSING HOME OR OT ATE 13b. COUNT)	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134. CITY OR TOWN. 134. INSIDE CITY LIMITS' 135. VES NO	
20 2d	I. FAI	HER'S NAME FIRST MID	Shives 15. MOTHER'S MAIDEN	NAME MIDDLE BUTLAGE
medicol 16		AS DECEASED EVER IN U.S. ARME	ED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT NAR OR DATES! 220-05-8330 Thomas 5	hivers
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other troumatice		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR A CONSEQUENCE OF (b) A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	or disease
y, or	N.	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	ERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ked or Item 18 shows ony ir	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	20d AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
		2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	LIGHT A AL ALONITH DAY VEAD	CURRED (ENTER NATURE OF INJURY IN ITEM 18, PART OR PART 2)
morked or the	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN COUNTY STATE
0		22a.l certify that (I) (this hospital saw the deceased alive an	9-16 19-81, and that in (my) (our) opin	ion deoth accurred on the date and hour and from the couses stated
21 is			New the boat bitel debiti.	22c. DATE SIGNED
If Hem 21 is		above, (1) (we) (did) (did nat) 22b. SIGNATUR	DEGREE ATTENDING PHYSICIAN	G MEDICAL STAFF
21 is			Lee M.D ATTENDING PHYSICIAN	G MEDICAL STAFF
MPORTANT: # Hem 21 is		22b. SIGNATUR	ATTENDING PHYSICIAN 220. ADDRESS 220. ADDRESS 230. DATE 231. NAME OF CEMETERY OR CREMATOR	MEDICAL STAFF NO DIRECTOR PHYSICIAN 9-16-8



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e furmine the withing the		RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY?	WIDOWED D	MARRIED	BALTIMORE CITY <u>OR</u> COUNTY	WONTY MD.
S off	FA	KLS TO N	11. NAME OF HOSPITAL, NURSIN IF NOT IN SUCH FACILITY, OVE STREET ALS TO CE	VERAL HUS	PITAL (TY	USUAL OCCUPATION PE OF WARE FOR MOST OF WORKING Engineer	US-govt.Ret.
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equires that the death certificate in signed by the attending physici. Then please temave carban appert to burlal, cremation, or remaval.	NOI	Canditians, if any, which gove rise to immediate couse (0), stating the underlying couse last.	IN one couse per line far (a), (b), and DBY: IE CAUSE (a) DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO	ence of Mely	ehlors Labic- DIOTHETERMINA	Cancer LDISEASE OR CONDITION G	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH COCOL IVEN IN PART I (0)
The law rician. te has been sit permit. Sphows any	CERTIFICATION	19a Date of Operation	196 CONDITION FOR WHICH			YES TO NO	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH? YES NO
PHYSICIAN: ending phys this certifica the burial-train and Mental Hy	MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d, INJURY OCCURRED ON WHILE NOT WHILE	HOUR A.M. MONTH D.	19 21f LOCAT	ION	(ENTER NATURE OF INJURY IN ITEM 18	COUNTY STATE
or ATTENDING he haspital ar a DIRECTOR: Afti tached for use as a Dept. of Health		22a.1 certify that (I) (this haspi	ital) attended the deceased fram_ freew the Bady atter death.	DEGREE	ATTENDING . M	to	19 , that (I) (we) lost our and from the causes stated
TO HOSPITAL retained by the TO FUNERAL should be det with the State IMPORTANT:		22d PHYSICIAN'S NAME (1) PEC	2 Smith	22e ADDRE	Fall sta	on Breness	l Hospital
BP	(urial, cremation, removal Burial	Sept. 19, 1981 Be	NAME OF CEMETERY OR 1Air Memori	crematory al Garden	s Belair Hai	rford Md. STATE
DHMH-16 30M 2/80 (VRA 15, 4)		owata K. McComa	s III Abingdon,	Md.	SEP 3	C'D. BY REGISTRAR 21. REGIS	



		G (G	FIRST CILLY	MoniStale	STO S. DATE C			28 DATE OF DEATH 6. AGE (IN YEARS LAST BE	9 1	7 8/
6		MALE		Cau	O/ wowIP	OH	13	68	YRS	MONTHS DAYS
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82	10 C	Follston		ME OF HOSPITAL, NURS OT IN SUCH FACILITY, GIVE STRI	ING HOME C			128 USUAL OCCUPATE TOOL CUT	TION	126 KIND
35	13e 5	AL RESIDENCE (IF NURSING STATE 13 Paryland	Harford	TITUTION, GIVE RESIDENCE BEF	WN	134 INSIDE CI	TY LIMITS?	13. STREET ADDRESS	pper D	rive
22	14. FA	THER'S NAME FIRST DWARD	H. Stale	e y		15 MOTHER'S	MAIDEN NA			LA
the me	16a. V	MAS DECEASED EVER IN	U.S. ARMED FOR IF YES, GIVE WAR OR D	. 75.01	1 3703	17 INFORMAL Bessie		aley, Wife		me
or other tra		Conditions, if any, we gave rise to immediate (a), stating	which diate the DUE	(b) TO, OR AS A CONSEC	orle	2 /	leror			
any injury, or	CATION	gave rise to immedicate (a), stating underlying cause	which diate the last DUE	(b)	DUENCE OF			INAL DISEASE OR COP	20b. IF YES	, WERE FIND
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18 shows any injury, or		gove rise to immer cause to immer cause to including underlying cause PART 2 OTHER SIGNIF 190 DATE OF OPERATION 210 ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL OR OR CONTRIBUTING NOT WHILE AT WORK NOT WHILE AT WORK 1 WORK 220 I certify that (I) (If saw the deceased above, (I) (we) (Id)	which diote the lost DUE lost OF DEATH HO EXAMINER) D 21e (AT H	TIME OF INJURY PLACE OF INJURY HOME, STREET, FACTORY, OFFICE Total Condition of the property	DAY YEAR 19 E, FARM, ETC.)	21c HOW INJ	RMED JURY OCCURR N	200 AUTOPSY? YES NO DED (ENTER NATURE OF IN)	20b IF YES IN CERTIF YE YE URY IN ITEM 18, P	S, WERE FIND YING CAUSE S ART I OR PART 2) COUNTY 19 or and from the
18 shows any injury, or		gove rise to immer cause ioi, stating underlying cause PART 2 OTHER SIGNIF 190 DATE OF OPERATIO 210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL OF TWO IN WORK AT WORK 220.1 certify that (1) (the sow the deceased)	which diote the DUE lost DIST CONDITION 196 USE OF DEATH HO EXAMINER) D 216 (AT HE CANDITION OF CONDITION OF	TIME OF INJURY PLACE OF INJURY HOME, STREET, FACTORY, OFFICE Total Condition of the property	DAY YEAR 19 E, FARM, ETC.)	216 HOW IN J	IURY OCCURRING	200 AUTOPSY? YES NO CITY OR TO CITY OR TO death occurred on the of MEDICAL STA	20b. IF YES IN CERTIF YE URY IN ITEM 18. P	S, WERE FIND YING CAUSE S

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TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate b

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ecuted within 24 hours ofter

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1	STATE REGISTRAR			DEFA	CERTIF	ICATE OF D	EATH	REG. N	0.	•			
3		CEASED NAME ON HEIGHT) RAY	INON		WIDDLE	Ty	LER		2a DATE OF DEATH	MONTH 9	8	VEAR	350 A	М
	3. SEX			4 RACE		5. DATE		YEAR	6. AGE (IN YEARS LAST BI	RTHDAY)	MONTH!	DER I YEAR	IF UNDER 24 H	RS IN.
		ALE		Cau.		9	26	03	77	YRS				
F		CUNTRY)	FOREIGN	76. CITIZEN OF	WHAT COUNT	MARRIE	NEVER A	AARRIED -	9 BALTIMORE CITY	OR COUN	TY OF D	EATH		
K	10 CI	Md. TY OR TOWN OF DEA	\TH	U.S		WIDOWE RSING HOME C	The same of the sa	ORCED [120 USUAL OCCUPAT	DKI)	L KIND O	F BUSINESS	MD.
2	FF	BLLSTON		FALLS	TON (ENER	CAL HO	EPITAL	(TYPE OF WORK FOR MOST	OF WORKING	FLIFE) IN	Reti		OK .
5	13a. S	AL RESIDENCE (# NURS TATE Md.	136 COUN		13c. CITY OR T		13d. INSIDE C	ITY LIMITS?	13e. STREET ADDRESS 1804 Fa	llst	on	Rd.		
7	14. FA	THER'S NAME	,	AIDDLE	LAST			MAIDEN NAM	ME MIDDLE			LAS	1	
(-	David			Tyle		Ma	rtha					ay	
/		PAS DECEASED EVER PES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	213-01		Gert		ADDR B. Tyler		Fa	llst	on Ro	£
		18. CAUSE OF DEAT PART I. DEATH W	AS CAUSE	y one cause per D BY: E CAUSE (a)	line far (o), (b)	ond (c).)	arr	ist-			-	APPROXI BETWEEN C	MATE INTERVAL DISET AND DEA	TH_
	>	Canditians, if any, gave rise to improve (a), statin) , which mediate	DUE TO, O	RAS A CONSE	lihon	p	nenn	umitis			24	hrs	,
1	NOI	underlying couse	last.	(c)_		2	NOTRELATED	TO THE TERMI	INAL DISEASE OR CON	IDITION (GIVEN IN	PART 1(c	1)	_
1	CERTIFICATION	19a DATE OF OPERA	TIÖN	19b. COND	ITION FOR WH	IICH OPERATIO	N WAS PERFO	RMED	200 AUTOPSY? YES NO	20b. IF	YES, WER TIFYING YES []	RE FINDIN CAUSES	OF DEATH?	
1		210 ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEA	IN .	DE INJURY .M. MONTH M.	DAY YEAR	21c. HOW IN	JURY OCCURR	RED (ENTER NATURE OF INJU	JRY IN ITEM	8 PART I O	DR PART 2)		
	MEDICAL	21d. INJURY OCCURI	THE	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFF	ICE, FARM ETC)	21f LOCATION STREET)N	CITY OR TO	OWN		OUNTY	STATE	
		220.1 certify that (1) sow the decease abave, (1) (we) (s 22b. SIGNATURE	ed alive on	9/	8 1	9 8/ .61	nd that in (my)	(aur) opinion d	death occurred on the c	ate and h	our ond			
-		22d PHYSICIAN'S N	AME (TYPE OF	and a	- lu	N	A	TTENDING PHYSICIAN	MEDICAL STA			9/	8/8/	
		A.	B. M.	TART		MD		F.	9. H-					
	23a, B	URIAL, CREMATION, SPECIFY, Burial	REMOVAL	23b. DATE 9-12-		Parkw	ood C		23d LOCATION CITY OF TOWN Balto	٥.	cou	YTM	Md.	

DHMH-16 30M 2/80 (VRA 15, 4)

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IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other troumotic event, the medical TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

John C. Miller Inc. 6415 Belair Rd.

Balto.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE.

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18 2 A Landier Library and Lib The second secon executed within 24 hours afte

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

must be notified exerge MPORTANT: If them 21 is morked or them 18 shaws any injury, or ather troumatic event, the medical

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1.	REGISTRAR		CERTIFICATE (OF DEATH	REG. NO.		
1		EASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH MON	NTH DAY YEAR	26 HOUR
	11112	Polla	Emaline	Van Duk	2.	September	n 22 1981	11 0 M
	3. SEX		4. RACE	5. DATE OF BRITH	AY YEAR	6 AGE (IN YEARS LAST BIRTHDA	Y) F UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
		Female	White	NOV. 2	1 1894	86	YRS.	
		CTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8. MARRIED NEV	VER MARRIED	9. BALTIMORE CITY OR C	OUNTY OF DEATH	
5	10 013	YQ.	11. NAME OF HOSPITAL, NUI	WIDOWED	DIVORCED [Hactord	Luc vinis	MD.
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1	4. FA	THER'S NAME	MIDDLE . LAST		HER'S MAIDEN NAM	MIDDLE MIDDLE	-	ST
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	118	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (9), (b)	0 1/ 1/	00 01	Sign MII	BETWEEN	ONSET AND DEATH
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1		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSE	OUENCE OF				
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1	Z	トン	T. P. O. LA		ATED TO THE TERM	INAL DISEASE OR CONDILI	ON GIVEN IN PART I	101
\exists	ATE	190 DATE OF OPERATION	191 CONDITION OR WH	ICH OPERATION WAS PE	RFORMED		b. IF YES, WERE FINDI	
3	CERTIFICATION	9/22/81	The of it.	hip.		YES NO	CERTIFYING CAUSES YES	NO [
7	ER.	210 ACCIDENT WAS UNDERLYING			W INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)	
	S. C.	OR CONTRIBUTING CAUSE OF DE	all a	17 198	Fiell	at form		
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	ICE FARM ETC.)	ATION TREET) A CITY OF TOWN	COUNTY	STATE
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1			ot) view the body ofter deoth.	01	(my) (our) opinion o	deoth occurred of the date of		
		276. SIGNATURE	~ / 9m	DEGREE M d	ATTENDING PHYSICIAN	MEDICAL STAFF	91	SIGNED
٦		224 PHYSICIAN'S NAME (TYPE	OR PRINT!	22e ADI	DRESS	· · · · · · · · · · · · · · · · · · ·	ausa la	2100
╝		John I	M	601	Siuni	on ave. 1	avre at c	Ivace
	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE 250/	23c. NAME OF CEMETERY	1 000	23d. LOCATION	coup	*/ SINE/
1	74 FII	MY 1 9 L	7-0081	DROUHU	184 DATE	REC'D. BY REGISTRAR 256	PEGISTRAP'S SIGNA	11 // d1
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DHMH-16 30M 2/80 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely filled in by the furneral should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

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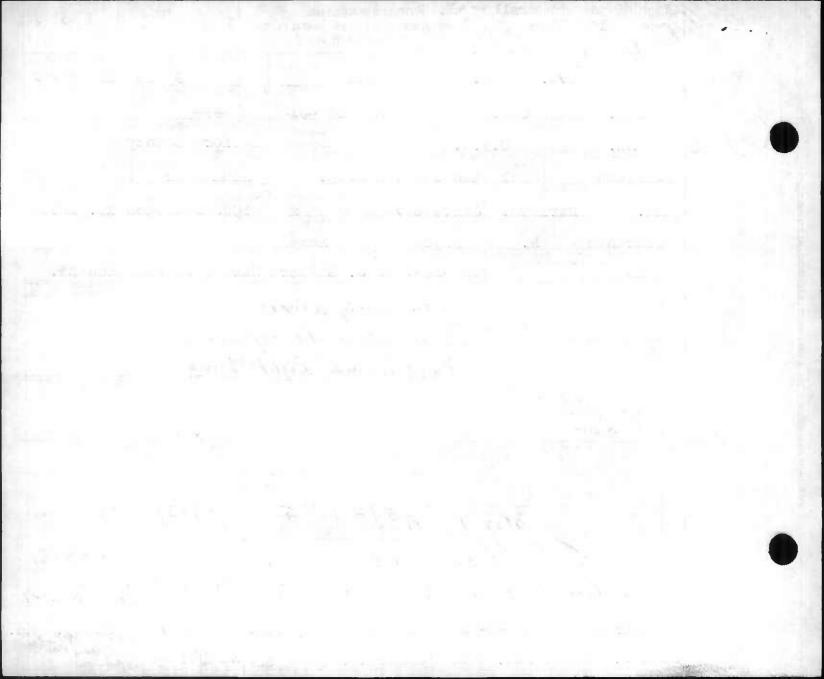
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//	7	REGISTRAR				CERTII	ICATE OF L	PEATH		REG. NO	0.			
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NS OF	CERTIFICATION	19a DATE OF OPERA			ITION FOR V	HICH OPERATIO	N WAS PERFO	RMED	20a AUTOR	SY?				NGS USED
of 2	PFIC	no	~						YES 🗆	NOM		TIFYING YES 🗀	CAUSES	OF DEATH?
2 18	ER	210. ACCIDENT WAS UN	DERLYING [21c HOW IN	IJURY OCCUR	RED (ENTER NATI				OR PART 2)	ري د.
ten /		OR CONTRIBUTING		AIR	M. MONT	DAY YEAR								
5	MEDICAL	21d. INJURY OCCUR		21e PLACE	OF INJURY		211 LOCATIO	NC						
arke	W	WHILE NOT W	HILE	(AT HOME, ST	REET, FACTORY, O	OFFICE, FARM, ETC.)	STREET			CITY OR TOV	WN	CC	OUNTY	STATE
2		220 certify that (I		ital) attended th	e deceased	from 5	141	10 V	to	9/1	281	10	XI	that (1) (we)
21		sow the deceos		01-		01	nd that in (my)	(our) opinion	death accurred	on the d	ate and he	aur and	from the	causes stated
Ď.	100	above, (1) (we) (22b. SIGNATURE	did) (did no	ot) view the body	after/death.		DEGREE						22L DATE	
		228. SIGNATURE		5. 61				ATTENDING	MEDICAL	STAI	FF	- 1	0%	2 2/8
_			7'	" Cl	100	M			DIRECTOR	PHYSIC	CIAN		7/	0/0
<u> </u>		224. PHYSICIAN'S N			4.0	, 1	22e ADDRES		al Ma	mela	nd	110	epit	of
MPORTANT		E. G	eor	ge El	ias, 1	11).	umi	/ersity	00	1	1	all	11	10.212
=	230 B	JRIAL, CREMATION,	REMOVAL			13c NAME OF	EMETERY OR	CREMATORY	23d. LOCAT	ION		COUN	ITY	STATE
		Burial		10-1	-81	Dulan	ey Val	ley Ce	em. Co	ckey	svi	lle	Bal	to.
5 25M	24. FU	NERAL DIRECTOR			ADDR	ESS		25e. DAT	E REC'D. BY RE	GISTRAR	25h. REGI	STRAR'	SGNAT	UM ath

John C. Miller Inc. 6415 Belair Rd.

DHMH-16 25M (VRA 15, 4) 1/79

Item #5 per phone call -/Fun. Homestate of Maryland
10/2/81 rc DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME MIDDLE 2a. DATE OF DEATH MONTH YEAR 2b HOUR LITYPE OR PRINTS 3. SEX 5. DATE OF BIRT UNDER I YEAR 1900 MINTE OF FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED MEVER MARRIED WIDOWED DIVORCED TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION COUNTY 13d. INSIDE CITY LIMITS? CONOWIN 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOC (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) a pope 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ETWEEN ONSET AN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) troumotic OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting DUE TO, OR AS A CONSEQUENCE OF otho underlying couse lost 0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) مّ CERTIFICATION 0 Ony 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? per Shows 10 orunation buriol-tronsit p NOX YES NO T 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f. LOCATION morked or 21e PLACE OF INJURY the bond COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from. 19. , that (1) (we) last sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death detoched tote Dept. 22b. SIGNATURE DEGREE 22c. DATE SIGNED + ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN be deto e Stote [PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME TYPE OF PRINT 22e ADDRESS d bl on CREMATION, REMOVAL 23b. DATE

DHMH-16 30M 2/80 (VRA 15, 4) UNERAL DIRECTOR

BP.

DIREC

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ATTENDING

AC. O. S. A. Sone 1 May 18 St. 17 E. 1. C. Conserver x 718 Rogan 18d. J-31-81 (dim 14) Gabe Commercial Contraction 1817110

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CEKITE	ICATE OF DEATH	REG. NO	o .		
	ECEASED NAME FIRST LEOR PRINT)	Herman	1	rerner	20. DATE OF DEATH	MONTH DAY	YEAR 2/	2b. HOUR
3. SE		4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
To. B	RIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y? 8 MARRIEI WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY O	RCOUNTY O	F DEATH	W
10. C	allston Md	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	EET ADDRESS)	neral Hosp.	NADOSTA EQUIL	P-MECH	126 KIND C	GOUT.
130	STATE Md 13b. 90	or other institution, give residence before the control of the con		13d. INSIDE CITY LIMITS? YES NO	1	gnolia	Rd	
	ATHER'S NAME IRST PM AH		ner	15. MOTHER'S MAIDEN NA	Mary.		chard	Son
		RMED FORCES? 166 SOCIAL SEI	CURITY NO.	17. INFORMANT RS.K	ATHERINE E.			
	PART I. DEATH WAS CAUSI	ATE CAUSE (0) 17 ROV	+ 12.	lure			BETWEEN C	MATE INTERVAL ONSET AND DEATH
H	Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSECT	stat	tic tumo.			4	uks
	couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSECUTION CONDITIONS CONTRIBUTING TO	o ca	CINOM A	of colon	DITION GIVEN	4.	months
CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHIC			200 AUTOPSY?	20b. IF YES, V	WERE FINDIN	
	210, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	CALL!	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	₹Y IN ITEM 18 PART	1 OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC	E, FARM, ETC)	211. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
	sow the deceased alive or	oitol) ottended the deceosed from n	001	nd that in (my) (our) opinion	death occurred on the do	, 17		that (I) (we) lost causes stated
	Th. SIGNATURE MZ	Camphean M	20	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI		22c. DATE	2-81
	DM L	anphear M.	D.	1916 Bei	lair Rd i	Fallst	ton M	101.

TO FUNERAL DIRECTOR:

the hospital or

TO HOSPITAL etoined by should be detoched for use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial,

morked or Item 18 shows ony

MPORTANT: If He

DHMH-16 30M 2/80 (VRA 15, 4)

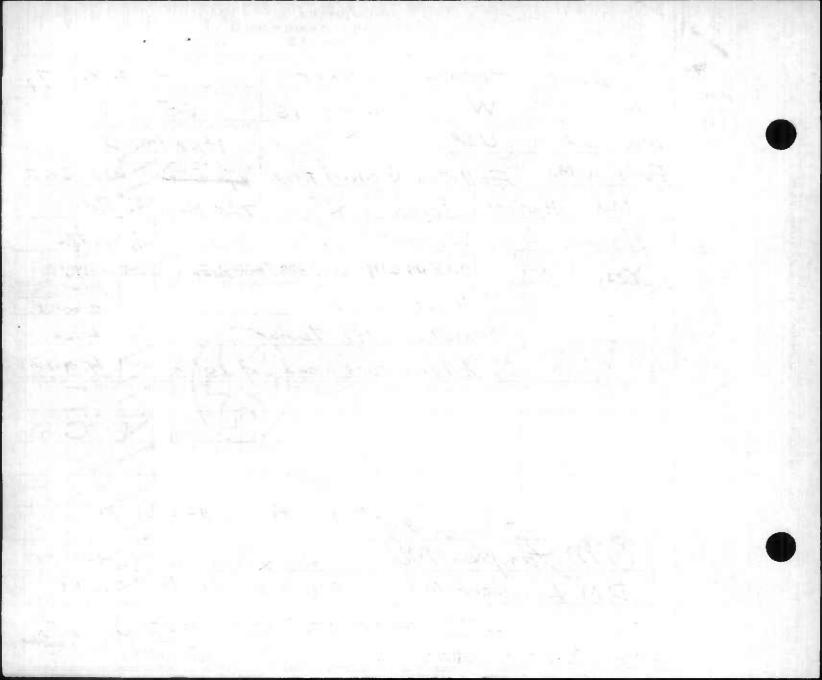
230. BURIAL, CREMATION, REMOVAL BURIAL SEPT.5,1981

GARDENS OF FAITH CEMETERY BALTIMORE

HOWARD K. McComas III, ABINGDON, MD.

23b. DATE

250 DATE REC'D. 1981 CANCES



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MARRIED NEVER MARRIED

YES K

17 INFORMANT

DIVORCED

NO [

15. MOTHER'S MAIDEN NAME

FIRST

134. INSIDE CITY LIMITS?

WIDOWED

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

9 BALTIMORE CITY OR COUNTY OF DEATH

Harford

MD.

12h, KIND OF BUSINESS OR

LAST

APPROXIMATE INTERVAL

NO I

STATE

_. that (1) (we) last

INDUSTRY

CERTIFICATE OF DEATH REG. NO LAST 2ª DATE OF DEATH MONTH DAY YEAR 26 HOUR Wetter 9/19 IF UNDER I YEAR IF UNDER 24 HRS 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHOAY) MONTH DAY HOURS. DAYS

12ª USUAL OCCUPATION

WIELOR DE

13e. STREET ADDRESS

(TYPE OF WORK FOR MOST OF WORKING LIFE)

MIDDLE

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d to		MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must have	
2 4		0	
should be detached for use as the burnal-transit permit. Then please remove carbon papers, Pages 1 and 2 should be filed ⊯ with the Grate Denr of Health and Mental Hydiane prior to build premaiten or removal		Ž	-

page 3 FUNERAL DIRECTOR 0

DHMH-16 25M (VRA 15, 4) 1/79

FOR

- STATE

LTYPE OR PRINTS

3 SEX

REGISTRAR

FIRST

Ottilie

136 COUNTY

18 CAUSE OF DEATH (Enter only one couse per line to

14e WAS DECEASED EVER IN U.S. ARMED FORCES®

PART I. DEATH WAS CAUSED BY

Conditions, if ony, which gove rise to immediate cause lat, stating the

19a DATE OF OPERATION

214. INJURY OCCURRED

AT WORK

774 MGNATUR

218 ACCIDENT WAS UNDERLYING

(IF EITHER, NOTIFY MEDICAL EXAMINER)

OR CONTRIBUTING CAUSE OF DEATH

HOT WHEE

AT WORK

couse last 4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

MIDDLE

[| IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (o)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

22x 1 certify that Withis hospital attended the degrased from

DECEASED NAME

FEMALE

COUNTRY)

13e STATE

14 FATHER'S NAME

TE BIRTHPLACE ISTATE OR FOREIGN

10 CITY OR TOWN OF DEATH

FiR51

E DWAR

(YES, NO OR UNKNOWN)

underlying

CERTIFICATION

MEDICAL

laure de Grace

214 PHYSICIAN SNAME (TYPE OF PRINT) KMWA 14.0 23a BURIAL CREMATION, REMOVAL 23h. DATE

231 NAME OF CEMETERY OR CREMATORY

DEGREE

22e ADDRESS

211 LOCATION STREET

ATTENDING

PHYSICIAN

COUNTY

LATER DECEMBER MILLOT

206 IF YES, WERE FINDINGS USED

COUNTY

YES [

IN CERTIFYING CAUSES OF DEATH?

STATE

22c DATE SIGNE

24 FUNERAL DIRECTOR

MIDDLE

Th CITIZEN OF WHAT COUNTRY?

LIE NOT IN SUCH FACILITY GIVE STREET ADDRESS)

Citizens Nursing Home

113c CITY OR TOWN

HAVEE de LORACE

166 SOCIAL SECURITY NO

CONSEQUENCE OF

EDNSEQUENCE OF

when

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

CAUCASIAN

DUE TO OR AS

DUE TO OFTAL A

216 TIME OF INJURY

PM

210 PLACE OF INJURY

ut) yiew the body after death

HOUR A.M. MONTH DAY YEAR

LAT JOME, STREET, FACTORY, OFFICE, FARM, ETC.)

250 DATE REC'D BY REGISTRAN THE SECULTURE SCHOOL SECTION

- MEDICAL

DEATH BUT NOT HELADD TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)

YES |

AUTOPSY?

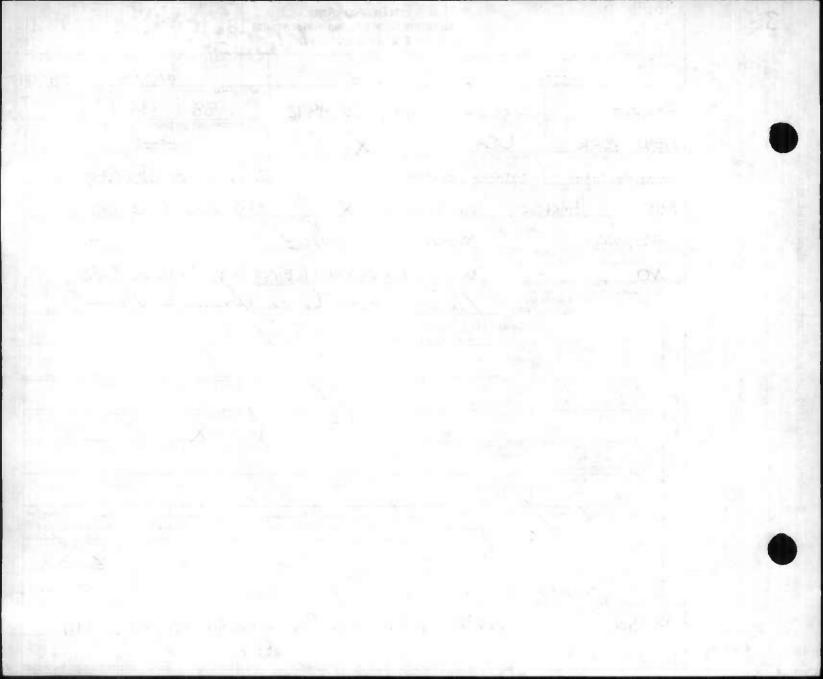
214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NO

CITY OF TOWN

STAFF DIRECTOR | PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dural should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 hour with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or ather troumatic event, the medical

must be

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STATE OF MARYLAND

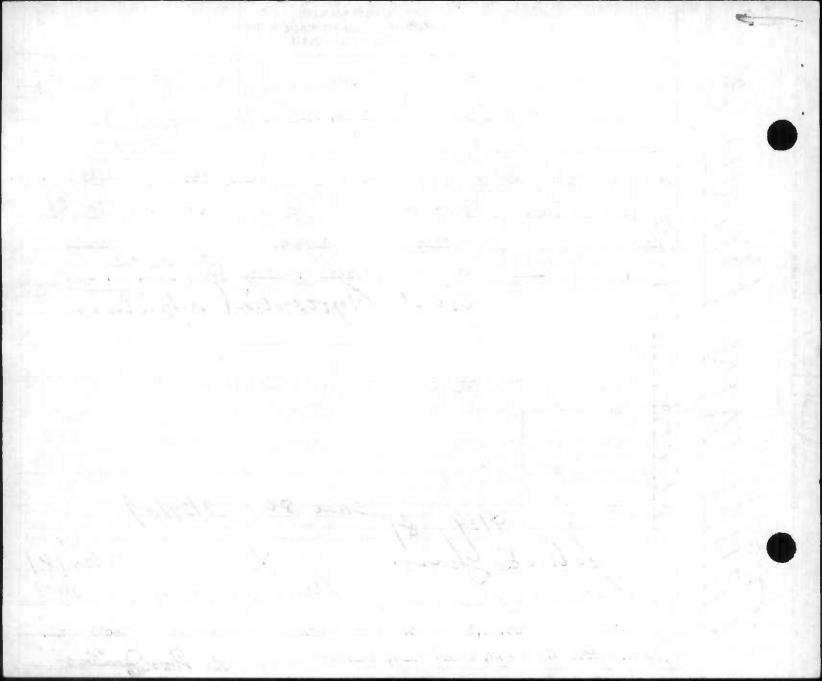
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1 -	FOR STATE REGISTRAR	DEF		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 1	0.	U	7 3
	CEASED NAME FIRST ELGAN	AIDDLE R.	W:	AST Len DE BIRTH	20. DATE OF DEATH	MONTH DAY	YEAR 9 198) JNDER 1 YEAR	26. HOUR
	Male	White CITIZEN OF WHAT COUN	Apri	DAY YEAR	68	YRS.	THS DAYS	HOURS MIN,
	country) ennessee	WSA.	MARRIE	DIVORCED D	7. BALTIMORE CITY	Hart	and	MD
14	wre de Cirace	11. NAME OF HOSPITAL, N HE NOT IN SUCH FACILITY, GIVE	MOVIAL	OS P	120. USUAL OCCUPAT ITYPE OF WORK FOR MOST C Ship Fitte	OF WORKING LIFE)	126. KIND O INDUSTRY Wiley	Mfg. Co
13a	AL RESIDENCE (IF NURSING HOME OR CONTINUED TO A COUNTINUED TO A COUNTINUE TO A COUN	OTHER INSTITUTION, GIVE RESIDENCE TY 13 PC TY OF		13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS 7060	Perry	ville	Rd.
C	liff	DDLE LAS	len	15. MOTHER'S MAIDEN NA/ FIRST Florence	MIDDLE	1	Amo	ld
	WAS DECEASED EVER IN U.S. ARN (YES, NO OR UNKNOWN) I IF YES, GIVE NO	WAR OR DATES) 469 SOCIAL	14-8296	Creel H. Wil	7060 P len Perryv	erryvil	le Ro	ad 903
TION	Conditions, if only which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO		SEQUENCE OF					
CERTIFICATION	19e. DATE OF OPERATION	196. CONDITION FOR V	VHICH OPERATION		200 AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYIN YES [√G CAUSES	
MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	H DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)	
MED	21d. INJURY OCCURRED WHILE ONT WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, C	OFFICE, FARM, ETC)	211 LOCATION SWEET	CITY OR TO	WN .	COUNTY	STATE
	270. I certify that (I) (this hospite saw the deceased alive on above, (I) (we) (did) (did not) 27b. SIGNATURE	9:129	19. 84 , or	DEGREE	MEDICAL STA	FF		
	JOHN D	PRINT) - YUN		PHYSICIAN D	de gra	ef.	Hd.	21078
230	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	236. DATE Dot. 2,1981		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	e C	ecil	Md.
B	TEEN CEA HERITAN	society Dancy	ville, M	aryland nor	E REC'D. BY REGISTRAR	Zame O	es signat	We Wen

DHMH-16 30M 2/80 (VRA 15, 4)

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retained by the hospital or attending physician.



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARYLAND 21201	TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital or attending physician.
2 2	redi
DIVISION OF VITAL KER	TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospitol or ottending physicion.
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	TO HOSPITA

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DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1.	FOR STATE REGISTRAR	D		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	4 0	7 "		
	(TYP)	CEASED NAME FIRST E OR PRINT) Mildred	WIDDLE		Vilson	20 DATE OF DEATH MONTH	26-81	2h HOU		
1)	3. SE	Famale	Caucasian	8	OF BIRTH DAY PEAR 99	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR MONTHS DAYS	IF UNDER		
83	Vi	IRTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A.	MARRIE		9 BALTIMORE CITY OR COU Harford	NTY OF DEATH			
90	Be		11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI	lescent	Center	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Housewife	NG LIFE) 126 KIND (
355 5	130 S	AL RESIDENCE (IF NURSING HOME STATE 136 CO aryland Ha	UNITY 130 CITY C		13d. INSIDE CITY LIMITS?	312 Old Jo	ppa R	d.		
20			MIDDLE WA		15. MOTHER'S MAIDEN NA. FIRST	Susan	SAV	ASE		
e medico		VAS DECEASED EVER IN U.S. / YES NO OR UNKNOWN) (IF YES, I		86-55 74	Mr. O. Barton	1838-414 ADDRESS OF SIZ OF	1 7 .	1		
event, th		PARTI. DEATH WAS CAU	only one couse per line for (o) SED BY.	Mpha		Henis	BETWEEN	ONSET AND		
ry, or other traumot		Conditions, if ony, which gove rise to immediate couse ol, stating the underlying couse lost. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A COL (b) DUE TO, OR AS A COL (c) T CONDITIONS CONTRIBUTIONS	NSEQUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1	0		
niui kuo smo	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO	DN WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDII RTIFYING CAUSES YES T	NGS USED OF DEAT		
tem 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN	HOUR A.M. MON	TH DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM				
orked or	MED	21d INJURY OCCURRED WHILE ON NOT WHILE OF NORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY,	steel	211 LOCATION STREET	CITY OR TOWN	COUNTY	51		
NT: If them 21 is m				22b. SIGNIATORE	on 9-23- not view the body ofter death	10 // 0	DEGREE ATTENDING PHYSICIAN	deoth occurred on the dote and	hour and from the	
MPORTANT		22d PHYSICIAN'S NAME (TYPE	Tyson		BOX 15-8	Kingsv.1h	md. z	108		
	4	SURIAL, CREMATION, REMOVA SPECIFY)	SEP+ 29, 1981	PEARTI	EE CEMETERY	23d LOCATION CITY OR TOWN ONE MOD MATTE	COUNTY WS COAVING!	.51		
/81	A E	MERAL DIRECTOR MINING	TOSTET WI BTO	Adwing & WY DRESS F. Maryland	UTAWS St. 25	REZ DUBY MUSTRAR 25/160	ISTR RESIDENT	upe in		

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requires that the death certificate be executed within 24 hours after

OR ATTENDING PHYSICIAN: The law

TO HOSPITAL

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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15	1 -	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH		EG. NO.		
		CEASED NAME OR PRINT)	FIRST		IOLA		UOOD	2a. DATE OF DE	TH MONTH	IN 81	2b. HOUR
1	3. SEX	EMALE	W	hite		S. DATE C	5 25°1889 ^{EAR}	6. AGE (IN YEARS	YR		HOURS
35	Mai	RTHPLACE (STATE OR FO			WHAT COUNTRY?	WIDOWE		HARF	ORCOU		
82	10. CI	ALLSTON	1 8	ALL S	HOSPITAL, NURSIN H FACILITY, GIVE STREET BTON	IG HOME (ADDRESS)	ERAL HOSPITI	12a USUAL OCC			in Co.
5			3b. COUNTY IOT	ER INSTITUTION	13c. CITY OR TOW	ADMISSION)	13d. INSIDE CITY LIMITS?	Box 24	ENA" V	oodbine	Rd.
examine 7	14. FA	THER'S NAME FIRST Henry	Ford	utchte	on LAST		15. MOTHER'S MAIDEN NA	G. Steve		L	AST
medicol	16a V	VAS DECEASED EVER IN	(IF YES, GIVE W		217 03		Helen R. Mar		ghter	Same	
y, or ather troum		Canditians, if any, gave rise to imme cause (a), stating underlying cause PART 2. OTHER SIGNI	ediate the last.	(c1	R AS A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE OF	CONDITION	GIVEN IN PART 1	{a1
ws ony injur	CERTIFICATION	19a DATE OF OPERATI	ON	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTOPSY	INCE	YES, WERE FIND RTIFYING CAUSE	
Hem 18 show	MEDICAL CERT	21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE	AUSE OF DEATH	21b. TIME C HOUR A. P. 21e. PLACE	m. month da m.	AY YEAR	21c. HOW INJURY OCCUR		OF INJURY IN ITEM	YES	NO []
norked o	MEC	WHILE NOT WHILE AT WORK 22a.1 certify that (I) (E 🗆	(AT HOME, STE	REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET STREET	CIII	Y OR TOWN	COUNTY	that (1) (w
f Hem 21 is r		saw the deceased abave, (I) (we) (di	alive on		1/14/19		DEGREE ATTENDING PHYSICIAN	death accurred ar	STAFF		e causes stat
IMPORTANT: If Hem 2		22d. PHISI AN SNA	ME (TYPE OR PR	INT)			22e ADDRESS				
₹-		BURIAL, CREMATION, R	EMOVAL 1	73b. DAJE 9/17	/87 236.1		EMETERY OR CREMATORY	23d LOCATIO	More Co	cdinida	STA

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR 2

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Bruzdzinski Funeral Home PA 1407 Old Eastern Ave-SFP

EP 07 2 51 . ma Alfred MGU

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requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached far use as the burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filed within 72 haith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked at Hem 18 shaws any injury, or ather traumotic event, the medical

STAT	ATE C	OF	M	MARYL		AN
DED A DESARRALE OF H	ır		711			

2	4	J	9	0

FOR STATE REGISTRAR			DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH							7 0)
	CEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR	R
(TYP	TOSE	ab	Ros	. 1.	Jaco	: 101.1	Sockern	2028	1991	5:32	P
3. SE		4.	RACE	S (4	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST B	(RTHDAY)	UNDER I YEAR	# UNDER	
	mal-		1.1.1		A MONTH	16, DAY 1907 AR	74		DAYS DAYS	HOURS	MIN.
7a. B	IRTHPLACE (STATE OR FO	DREIGN 7h	CITIZEN OF	WHAT COUNTRY?	8.	, . , . ,	9 BALTIMORE CITY	OR COUNTY O	DEDEATH		
(ecil (o. Ad.			11 CA M			D NEVER MARRIED	, bactimore cirt	0 0	or beatti		
10. CITY OR TOWN OF DEATH			11. NAME OF HOSPITAL, NURSING			DIVORCED D	12a USUAL OCCUPATION 12b, KIND OF BUSI			E BLICINIE	MD.
Ha	ura de Gen	cel	HAT for	HEACILITY, GIVE STREET A	DDRESS)	Hospital	(TYPE OF WORK FOR MOST		INDUSTRY	rn Im	55 OK
130.	AL RESIDENCE (IF NURS	13 COUNTY	cil	13c CITY OR TOWN	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS	ngerly	Road.		H
14. F/	ATHER'S NAME		DIE	1467		15. MOTHER'S MAIDEN NA					
	Joseph	MID	DLE	Vorrilow		yeorgi	i.a.		Van	degr	ilt
	WAS DECEASED EVER I			16b SOCIAL SECUR	RITY NO.	17. INFORMANT	ADDI	REST-air/		I'd.	
(YES, NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	222-07-1	179	Arsy Letitia	1 M. Worrile	DW 3307	Singe	rli 1	Rd.
CERTIFICATION	18. CAUSE OF DEATH PART I. DEATH W. 40 90 Conditions, if ony, gove rise to imm couse (o), stoting underlying couse	AS CAUSED E IMMEDIATE (which ediote	DUE TO, OI	R AS A CONSEQUE	Sof (Arrest 31. D			3-4	WATE INTERVIOUS AND IN	SÉATH N 2.S
	PART 7 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEAS							VDITION GIVEN	NIN PARTIC)	211
	19a. DATE OF OPERA	31	19b. COND	eerstecton	. 01	H Kenal M y AS PERFORMED Dendectory	200 AUTOPSY? YES NOW	201. IF YES, VIN CERTIFYIII	WERE/FINDINING CAUSES	OF DEATH	
		210. ACCIDENT WAS UNDERLYING 216. TIME OR CONTRIBUTING CAUSE OF DEATH HOUR A		OF INJURYM. MONTH DAY YEAR		21c. HOW INJURY OCCUR	URY IN ITEM 18, PART	Y IN ITEM 18, PART 1 OR PART 2)			
S	(IF EITHER, NOTIFY MEDICAL EXAMINER)		M. 19								
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE [] (A		21e. PLACE (21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM		21f. LOCATION STREET	CITY OR T	OWN	COUNTY	ST	TATE
	AT WORK AT WOR	" U	1	7	0		0/				
	220.1 certify that (I)		ottended the	e/deceased from_	-1-1-1	198	, to 9/3	, 19	- 1	that (I) (w	
	sow the deceosed olive on 19 19 , and that in (my) (our) opinion death occurred on the date and hour and from above, (I) (we) (did) (did, not) view the body aftergleath.										ted
	27% SIGNATURE DEGREE ATTENDING MEDICAL STAFF 220 DATE								SIGNED	21	
	22d. PHYSICIAN'S NA	ME TYPE OF DE	(-,	Monn	> -/		DIRECTOR PHYS	CIAN 🗌	1/-	18/8	7_
	Edw) od	0, 1	-00, N	2,0	Havredo	Grace	, au	d:	210	18
	BURIAL, CREMATION,	EMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	8d. LOCATION	-			
	(SPECIFY Burial		Oct. 2	1004 6	nanna	Cemeteri	Eain H	:11	COUNTY	ST.	TATE
24. F	UNERAL DIRECTOR	EE FUI	SPAL A	HOME, Bound.	CILI	250. DAT	TE REC'D. BY REGISTRA	R 25b. REGISTRA	AR'S ŠIĞNATI	URE TI	a

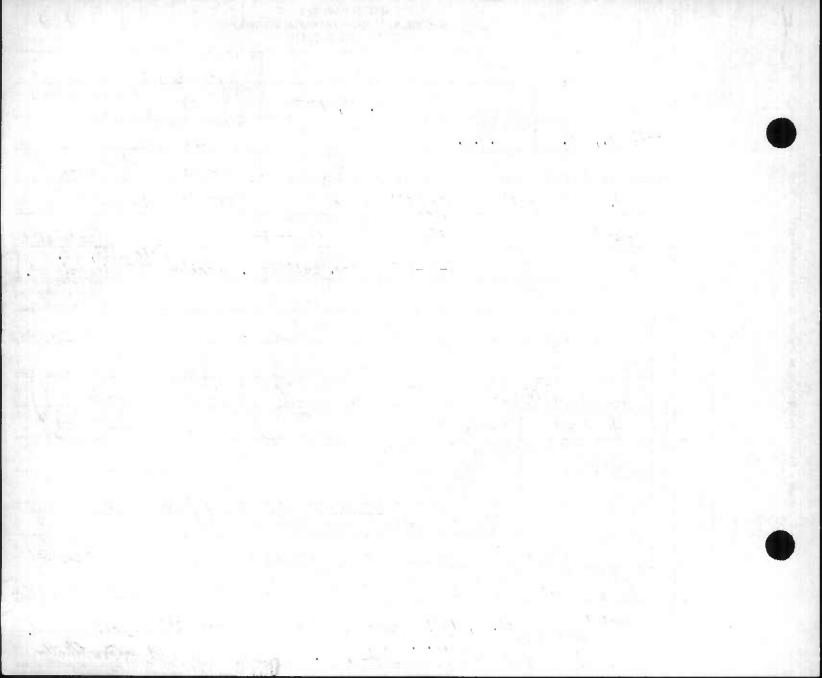
DHMH-16 30M 2/80 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital ar attending physician.

Elkton, Nd.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



STATE OF MARYLAND

